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# PUBLIC HEALTH NURSING

Volume III December, 1931 Number 12

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## MERRY CHRISTMAS

### NEW—MEDICAL DISEASES FOR NURSES

By A. STEVENS, M.D. and FLORENCE A. AMBLER, R.N.

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# PUBLIC HEALTH NURSING

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## CHRISTMAS GREETINGS

One of the perplexities of these uncertain times, when each day brings its own storm to drive and buffet even our strongest leaders, is to decide on a wise course of action and to hold to it consistently without erratic shifts in program and lost motion. If we were to add one message to our Christmas greetings this year, it would be: If you are not making headway under full sail now, hold fast to the tested principles of our service; the storm will blow over, and it is better to ride out the wind anchored in safe harbor, than to cut loose and be carried out to sea. May Christmas in 1932 find you weighing anchor for far horizons!

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## FINISH THE JOB



The battle against tuberculosis is not half won because the death rate among the general population has been cut in two, for the disease still leads all other fatal causes between the ages of 15 and 45.

It is unnecessary to enlarge on the significance of this fact. When a preventable disease which stands seventh among the population as a whole remains first among those at the most useful and productive period of life, the problem cannot be considered half-solved from any rational viewpoint whatsoever.

Certain types of tuberculosis among children have yielded with little difficulty to control of the milk supply; the erection of more than 600 sanatoria has prevented thousands of patients from spreading disease among relatives and associates. These and other factors have conspired to achieve a notable reduction in the death rate—much of which can be traced definitely to organized tuberculosis work.

This year marks the twenty-fifth anniversary of the Christmas seal sale, from which came the funds to pay for the tuberculosis campaign, which has now spread to practically every cross-roads and hamlet in the United States. But let us not beguile ourselves with

the illusion that the conquest of tuberculosis is in sight. Progress against a disease so well protected in the human body and in the social body is bound to be slow.

A serious arraignment of Man's capacity to control his environment is seen in the fact that he knows how to find more than half the tuberculous cases of tomorrow among the children of today, and yet fails to find them. Further, he knows what to do today with the children found to be in danger, to protect them against becoming future victims. But Man, the Aggregate Man, possesses two "I's" which see not—Ignorance and Indifference. Coöperation of multitudes is needed, and this is difficult to obtain. Indeed the problem is abstruse for easy general understanding; we must iterate and reiterate the fact that a condition in children observable only on the X-ray plate is often the precursor of adult tuberculosis, and that these children may be saved by a carefully observed regimen of rest and fresh air, applied even if they show no outward

symptoms of disease. The next step is to determine just how these children become infected, for "every case comes from another." The job of organized tuberculosis work financed by Christmas seals is also to help protect these other cases—probably wholly unknown ones—from further progress in the disease, and also from infecting more children. In this we are sure to meet the opposition which family affection and personal pride will always present, and such opposition will require the continuous exercise of those most inspired of virtues, kindness, good humor and tact.

But there is certainly no cause to be disheartened. What the Christmas seal has achieved in the past is a token of what it can do in the future, armed with increasing knowledge gained by research and experience, and continuously supported by the dimes and dollars of a generous and confident public.

KENDALL EMERSON, M.D.

*Managing Director, National  
Tuberculosis Association*



### **Colombian Sunshine**

*This picture won honorable mention in the Snappy Snapshot contest. It was submitted by Carolyn T. Ladd and shows two Colombian mothers and their babies. Miss Ladd writes: Public health nurses in Colombia are not particular where babies are bathed—as homes have neither water, stoves, sinks, floors, chimneys nor windows!*

# The Leadership That Underlies Control of Social Programs\*

By DAVID H. HOLBROOK

SECRETARY, NATIONAL SOCIAL WORK COUNCIL

THE fundamental question, what shall be the basic unit of administration in social work in our cities, has yet to be squarely faced. Until it is, all discussion of leadership tends to be negative and in terms of administrative control. Yet the concept "leadership" lays major emphasis on sharing responsibility, however much it implies orderly procedure.

The evident determination of many community chest leaders to carry discussions of agency-control over into the realm of social planning is a recognition of the leadership that must underlie successful control. Titles for discussion are still somewhat negative, as for instance, "Agency Autonomy vs. Community Organization," at the Minneapolis National Conference, and "Conflicts in Community Organization in Cleveland," at the American Sociological Society meeting last December. But the discussions were wholesome, frank and constructive. These should continue in many cities and states if we are to keep our work a living and growing influence in community life. Our real concern should be that there is the greatest freedom in the gathering of experience, exchange of viewpoints, and stimulating of constructive thinking. What we really need is an attitude of study. The simplest truths are the most difficult to keep in mind for the busier we get the more confused we are apt to become.

We must not fail to note that there is still a wide diversity of opinion in the different chest cities as to the true function of a community fund. At one extreme is the financial structure that is regarded as a strictly money-raising

mechanism and at the other extreme is the chest that conceives its duty in the nature of a trusteeship to its contributors that must include a supervisory responsibility for expenditure of funds raised. In between are chests that are developing sub-councils, and wherever there is a chest there is inherently some recognition of an agency's giving up something when it goes into any plan of joint financing.

And again cities vary greatly in the importance attached to planning and counseling processes and in the way these are stimulated, directed or suppressed.

I recently visited a city where a community program for the care of transients is being worked out by the agencies concerned, for presentation to the Social Work Committee of the Welfare Federation. If approved here, it will go to the Budget Committee of the Federation and then to the Board. And all is with the leadership of the Secretary who states his theory to be that the Federation belongs to the agencies.

In another city the Secretary told me, "We don't have any meetings. My board expects me to save their valuable time by making decisions." It should be added that the former city is carrying all its agencies on normal budgets this year (1930-31) while in the latter city there have been cuts of 50 per cent and one agency has withdrawn from the Chest.

And so the question of unit of administration is being worked out city by city and we are just beginning to exchange our experiences. How difficult it is, therefore, to be dogmatic or

\* Adapted from a paper read at the Maryland State Conference of Social Work, Cumberland, Md., April 21, 1931, entitled, "How Far Should a Community Fund Control Institutional and Social Agency Programs?"

to generalize very successfully on the wisdom of any particular rules for control of agency programs. If control is under question and the function of the chest not clear we must dig deeper.

I inquired of a staff member of the Association of Community Chests and Councils as to the official attitude on the subject. He gave me the opinion of some of the staff, but said that the Association has never attempted to formulate a statement. In his judgment, a chest's control of agency programs should be limited to two functions, (1) insisting that all parties interested get together and discuss the points at issue, and (2) insisting that they make use of all available resources, local and national. Personally I subscribe to that philosophy as far as it goes. I think, however, it assumes more independence and courage on the part of agencies working in a day-to-day relation than always exists. Chest leadership rather than control of agencies will go even further.

I find it difficult to understand the newer developments in the community chest movement except in the light of past history in community organization. We are all aware of the early history of social work where separate movements came into being in truly individualistic fashion. Without that early pioneering initiative, enthusiasm, and progress, we would not be discussing these questions of present-day social work. Much of our thinking during the past ten years has been concerned with method and organization, particularly in the refining of our financial processes. We are apt to forget some of the values of earlier days, and even overlook the origins of present-day developments. Twenty years ago, cities were experimenting on questions of relationships between agencies through tools then known as endorsement committees and councils of social agencies. Then the war emergency brought the war chest. With this impetus, attention became rapidly focused on the financial aspects of community planning, but the principles and mechanisms of the earlier decade

persisted in varying combinations. Our present task is to retain all that has been fine and at the same time eliminate the weak and unscientific forms of social expression. The very urgency of our present economic and social crisis is testing out the values in the light of our entire past experience. Social agencies as well as individuals may have to develop new tests for the kind of success required in the next decade.

Institutions and standards are now in question. Wise leadership is greatly in demand. What guiding principles for its leadership has social work to offer out of its own progress, particularly in this question of relationships between different forms and methods for aiding in bringing about a better day? Is it necessary to repeat our mistakes? Do the lessons of the years contain any axioms that are fundamental to all control of social programs, and will they shed any light on this question of how far some of us may have a certain responsibility?

There is only space to list a few principles that seem to me most pertinent and also most likely to be forgotten or ignored.

#### GUIDING PRINCIPLES OF LEADERSHIP

A social agency program is a growth and not a mechanism and any interventions must take this into account if the control sought is to be effective, adequate and constructive. This means full and sympathetic recognition of traditions, personalities, loyalties, and sensitive points of pride as well as economies, methods and procedures that fit neatly into an organization chart or administrative project. This takes time—months, years—because it is growth we are dealing with and not a structure or a machine. The latter metaphor is not a safe guide when considering the limits of control, however useful it may be in working out the details. And there is real loss at any time where the logic of organization of the moment (or something worse) becomes an end in itself and achieves or even attempts a triumph at the expense of what might be termed the

more emotional elements of growth and development. An intelligent leadership will succeed at this point where arbitrary or mechanical control will fail.

All social work is interdependent and what affects one part ultimately affects us all. One limit, therefore, to any control it may seek is the necessity of considering the effect on all the agencies, both within and without the fund. This again presents requirements for leadership if any particular control desired is to be constructive.

An interesting corollary to this interdependency of social work is the equally important individual specialized interest shown by workers, contributors, and individuals generally. There seem to be different levels of appreciation of interdependency. Some of those most interested in developing a community fund may be profoundly concerned for the interests of all agencies in the community, some are most concerned with the development of the new special interest of joint financing (campaigns, the budget and accounting processes, etc.), and there certainly are many whose first devotion is to a hospital, a children's home, a family agency or other special work. I would suggest as another answer to the question of how far control should go, the equally important question, just who is to exercise it? What kind of a community fund have you? Are the influential people more interested in the entire program of work, or the strictly financial aspects, or the special interests of one or two agencies?

Growth is not always symmetrical and according to plan. Nor is vitality best measured in quantitative terms. How, then, can we best estimate the proportionate share of a particular agency in a community's social program? The processes of joint financing tend to emphasize a dollar for dollar comparison and suggest what is sometimes referred to as the balanced ration theory in budgeting social work. But what shall be balanced? Shall it be dollars, projects, social needs or effective personalities? All are important. Fairness of treatment, rela-

tive efficiency and due recognition of partially or unmet needs should affect the distribution of the community's budget. And such is the practice, it seems to me, in about the order named, which is along the line of least resistance.

I would suggest a more sympathetic consideration of the last named factor, one that is often regarded by a community fund as a problem for control, namely the usefulness and influence of outstanding people in special fields who are offering real leadership to all of the social work in the city. The growth may appear less symmetrical on a chart, but the resulting vitality of effort in the whole field may require a minimum of budget control.

I suspect in the long run this actually is a deciding factor more often than is desired. If so, it is one practical limit to attempted control. Why not recognize and utilize it?

Problems are better nuclei for productive thinking than questions of organization as such. Much of our energy has been expended along the latter line. Yet interest, coöperation and willingness to adjust fixed arrangements are best approached by a discussion of social needs. The necessity for control in specific situations may easily disappear in the simple and direct discussion of the needs themselves as distinct from what to do about it. People become more important than problems, counseling develops leadership and a growing sense of partnership in responsibilities helps settle the question of how far there should be anything that savors of outside control.

#### THE COUNCIL OF SOCIAL AGENCIES

These familiar and fundamental principles in social work seem to me to indicate the necessity for the processes implied by the term council of social agencies. Yet here again we need to dig beneath organization concepts and official terminology. The mere existence of a council of social agencies in a city does not guarantee that vital problems are being given consideration, that the interests of all are being

utilized or that organization that encourages growth is being sought. On the other hand, these very processes may be present in a given situation and lie hidden under less conscious organization forms. The essential thing is that they be present. The idea of the original councils of social agencies was to encourage their recognition, but in true characteristic American fashion we tend even here to let organization become an end in itself. Uniform organization in chest cities on this point does not exist. In some cities there is no council, in some cities there is a council under the chest, in other cities the community fund is deemed to be a part of the council, and in still other cities the council and chest have no organic connection, though usually there is overlapping of officers and staff. Merely to learn that a city has one or another of these organization patterns tells nothing as to the processes of counseling. Doubtless we shall find increasingly that this or that plan has succeeded and the smaller community has a real opportunity to make unique contribution. But while this healthy experimentation is going on, the reality and importance of recognizing these principles continues.

#### WHO CONTROLS THE BUDGET?

In a word, the answer to the question before us lies primarily in our attitude, and secondarily in the arrangements that need to be made and agreed to.

A single practical application of this discussion of theory will perhaps sharpen the point I am seeking to make. I frequently hear the question raised: Has an agency the right to transfer items in its budget without permission from the community fund? Shall this be so stated in the chest's constitution or by-laws? I assume we would all agree that no agency in a chest should increase its total expenditures beyond its budget without consulting the chest, but can an agency's board of directors be expected to retain a lively sense of responsibility in management if it is not permitted some discretion within the total amount and

a share in determining the amount? Personally I can see one kind of expenditure that should not be increased without consultation, and that kind is expenditure that inevitably involves an increase in the next annual budget, as for instance the raising of salaries through savings at other points.

Far more important than rules of budgeting are habits and processes of budgeting during the year. Where a community fund's plan includes frequent consultation among parties at interest, say in monthly meetings, there is an opportunity for an agency to tell about its work, get new ideas and learn more about the relation of its own work to the needs in the community. I would say, therefore, that this question would better be approached through these fundamental processes of counseling than through the attempt at control through a by-law.

A budget discussion should be made fundamentally an educational matter. I have seen a superintendent of schools take up such a question as the cost of lead pencils per pupil and secure from the members of the school board, which was largely made up of business men, a stimulating discussion of the educational needs of the city.

We do not need to be business-minded in social work in order to be business-like. Take for instance, the social worker's relation to the board member or contributor coming from the business field. Too often we have failed to distinguish between the desire to utilize business experience and the hope for a more generous contribution. It does not necessarily follow that because a prospective contributor falls in the business group he is, therefore, best approached in this manner. Still it is true that certain types of minds can best learn to appreciate social work through consideration of its business aspects. Social and health workers have been none too skillful in presenting their business problems in constructive fashion, with the result that interpretation has often been left to those more familiar with business practice and terminology than with

social problems. Facing the financial problems of social work in a business-like way is one thing and discussing them as if the objectives of social work were the same as the objectives of industry and commerce is quite another. The former may, if done skillfully, develop interest leading to regular contributions. But the latter will only make good social work appear to be poor business.

No community lives to itself alone. A healthy condition of growth means working relations with similar work in other cities as well as between the various agencies in the same city. Interdependency is both inter-agency and inter-city. (A Blue Ridge Institute Report refers to the "horizontal and vertical relationships of locals and nationals.") How shall the experience of all be made available for the benefit of each?

#### SIGNIFICANCE OF NATIONALS

The national and state social movements have been and are, it seems to me, symbols of this vertical growth, interdependency and special interest. Each has its own organization problems and questions of relationships with each other, with interlaced work

in local communities and with community funds. And for ten years a group now numbering twenty-five national organizations has been faithfully endeavoring to approach these questions through educational processes, through meeting together monthly in the National Social Work Council for the discussion of vital problems affecting the whole field of social work. Taken as a whole they represent a national marshaling of resources of knowledge, experience and inspiration that is more significant to American cities than the intricate and difficult problems of their own organization, relationship, and if you please, control. For, if rightly conserved and utilized, they make possible a wide sharing in leadership thinking and in the services we can best do through the coöperation of cities with each other. "From the dollar and cents point of view the existence of a strong national organization in any special field increases the power and efficiency in that field to such an extent as to much more than justify the cost. From the point of view of human service, of making every life invested in working for a better way of living, more productive, the return is even greater."



### THREE REMINDERS

Nurses are reminded that recommendations for the third award of the Saunders Medal must be received by the American Nurses' Association Headquarters, or by the President of one of the three national nursing organizations, by December 31, 1931. Details as to the award will be found on page 333 of *PUBLIC HEALTH NURSING* for July, 1931.

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Cities interested in playing host to the 1934 Biennial Convention should secure information on the procedure of invitation at once from the American Nurses' Association.

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\* This number of the magazine carries the index to all material published in 1931. No separate index is printed. To find references, turn to the page preceding the index; the range of page numbers for each month always is given there.

# Progress in Membership Enrollment

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

WITH committees already organized in more than half the States, and with local associations from all over the country offering their cooperation, the National Membership Committee cannot help but feel a little proud at the enthusiasm which has marked the response to its appeal for support and aid from state and local leaders. Coming after little more than a month of intensive effort—this is written early in November—such signal progress adds confidence to the Committee's belief that the desired goal of doubled membership will be reached. (For October figures see page 610.)

Presidents of State Nurses' Associations with the chairmen of their public health nursing sections, presidents of State Leagues for Nursing Education, State supervising nurses, and the directors of public health nursing courses, to mention only the largest groups, are practically unanimous in endorsing the enrollment and giving their utmost support to insure its success.

We have been particularly pleased at the number of organizations which so early in the effort have attained 100 per cent staff membership. Many others have sent Mary S. Gardner, Chairman of the Membership Committee, pledges of 100 per cent staff enrollment by the first of the year.

During the first month of enrollment Committee Headquarters has been literally swamped with requests for leaflets and application blanks.

Speakers at state and other meetings are distributing these leaflets widely and a number of state supervising nurses are including application blanks with letters sent out from their offices.

Miss Grace M. Heidel, Chairman of the Industrial Nursing Section of the N.O.P.H.N., is making a particular effort to interest industrial nurses in the N.O.P.H.N. through direct contact with their various clubs throughout the country. The presidents of these clubs are cooperating with the National Membership Committee by arranging for speakers to carry the message of enrollment to all of the industrial nurses in their districts.

Several nurse supervisors in the Metropolitan Life Insurance Company have written Miss Gardner that they will make every effort to secure as members all the Metropolitan nurses in their territory.

In many instances state and district chairmen are arranging informal talks on membership before local groups which meet from time to time throughout the year. The plan has been found to be very successful for it gives the nurse an opportunity to ask questions of the speaker, which is impossible at a formal state meeting.

The record for membership applications taken at any one group meeting still stands at forty-one and is held by Marion Sheahan of New York State. We hope, and we are sure that Miss Sheahan hopes also, that this record is broken many times during the campaign.

NATIONAL MEMBERSHIP COMMITTEE

*Doubled Membership Means Redoubled Strength*

## Modern Methods for Mothers' Clubs\*

PRACTICALLY every nurse who has taken part in mothers' club work has found it a problem to build up a good-sized class of mothers and to keep them interested. Mothers may come once because they like the nurse who visits them in the field or because they are interested in some one topic such as babies' clothes or supplies for delivery. But when a large number of foreign-born mothers, varying in age from eighteen to fifty years, return week after week to the maternity class, there must be a reason.

### MOTHERS' CLUBS—OLD STYLE

Previous to my observation and participation in the mothers' class at East Harlem, I had done considerable prenatal work in the Italian districts of several organizations and as a result I felt that I was something of an authority. On first coming in contact with mothers' club work, I understood only vaguely what it was all about but was willing to learn. After carefully studying lesson plans that had been previously given, reading widely on subjects of interest to pregnant women and experimenting along trial and error methods, I thought that I knew exactly how to conduct the classes.

The course should start, according to my "lights," with a lecture on prenatal advice, and wind up with "How to Care for the New Baby." The lessons should be carefully thought out beforehand. Every effort should be made to make the visit pleasant for the mother.

I did all this. I came in early from the district and set up the room for the talk. Then I prepared sandwiches and cocoa, folded paper napkins and arranged the refreshment trays. I made sure that there were plenty of paper patterns for baby clothes cut and ready for any mothers who might

wish them. Nothing that would add to the comfort and entertainment of the patients was left undone.

Presently the mothers would arrive. I greeted them pleasantly, after which they sat about politely awaiting developments. The individual prenatal conferences were usually the first item on the program, and I prided myself upon giving each mother a thorough "visit."

"Do your feet swell—do you ever have spots in front of your eyes?" I would ask dutifully. And under "Mental Attitude of Patient," "Are you glad that you are going to have a baby?"

The assisting nurse collected specimens and did the urinalyses. The mother was not present while the examination was made, and unless some abnormality was present, she heard no more about it.

During this period, the mothers sat together presumably getting acquainted. In fact to give them some social outlet and to broaden their interests were important aims of the club. Unfortunately, Italian mothers, previously unacquainted, when left to themselves are not very sociable. Between conferences, I would scoot out to the group and try to help them along. But when they *did* talk my responsibilities were not lightened. As like as not I would hear doleful Mrs. Montebiano, mother of eight, graphically detailing the horrors of her first confinement to some wide-eyed primipara.

"My cousin had poison in her urine—she took fits. Mrs. Ricardi's baby was born with a big red mark on its face—she looked at a fire." These were some of the topics which they chose to broaden their interests.

After the conferences came the nurse's talk. It was nothing short of a lecture which I carefully prepared

\* This article is written by a former staff nurse of the East Harlem Nursing and Health Service, New York City. She prefers to remain anonymous. The article has the approval of Miss Grace L. Anderson, Director of the Service.

and rehearsed in advance. Since I was conducting, the assisting nurse did not participate. It was quite a formal speech delivered behind closed doors so to speak. The children who had accompanied their mothers were supposed to play in an adjoining room, but if any of them objected they were permitted to remain with the group.

The mothers listened respectfully, if they were not too distracted by the children. After the lesson, I would ask them if they had any questions. Sometimes their questions made me wonder just how much they had gained from the talk. I remember one lesson in which I disposed of "Preparation for the New Baby," dwelling at length upon the privilege and blessing of motherhood. When I got to the "Has any mother a question to ask?" I was pleased to see a hand raised.

"Please, nurse," said a serious-faced little mother, "could you tell me how to keep from getting pregnant?"

As I said before, I thought I knew a lot about mothers' classes. The only question that I couldn't answer was, how to keep the mothers coming. After my observation at East Harlem, I wondered why, in my previous experience, my mothers came at all.

#### MOTHERS' CLUBS—NEW STYLE

While the women were arriving in groups of twos and threes, instead of sitting about patiently waiting for the meeting to begin, they were given something to do. One group had charge of the refreshments. If I had not seen their happy, alert faces, I could not have believed that women who spent half of their lives in the kitchen could have enjoyed this part of the program so much. From the first moment, it was obvious that the mothers considered it their club. It happened that the nurse in charge of this group was teaching class for the first time. Before she could venture a suggestion, an energetic young woman of the "leader type" took the situation in hand.

"Seeing that you haven't been here before, nurse, I guess we will just go

ahead like we have been until you get kind of used to it."

The nurse took this naïve thrust at her professional pride nobly.

"Why of course, Mrs. Rocco, go right ahead. Perhaps you can tell these new mothers just what you are doing."

Mrs. Rocco was more than willing.

"We are making a fruit cup," she explained, "It is on the order of a fruit salad only you eat it like a dessert."

With a few tactful comments from the nurse, the preparations were soon under way. Two or three of the older leaders helped the newer or more backward members.

"We don't peel the apples," a leader instructed one of the newcomers. "It cuts off too much of the good; the skins are fine for constipation."

There were other pre-activities. In one corner a group of mothers were arranging a "room" for the baby in order to illustrate the lesson which they all knew was to be on "The Home."

Another room was fitted up as a kindergarten for the children whose mothers were attending class. They were supervised by a sweet-faced Italian girl who by speaking a few magic words in her native tongue could detach the most obstreperous child from his doting parent.

Two nurses were "doing" the prenatal conferences. The particular needs of each patient were considered and no attempt was made to cram in an entire nursing visit for each of the twenty-nine mothers. New members observed the nurse as she examined their specimens and were shown why they should drink more water, limit proteins, or take other appropriate precautions.

When it came time for the lesson, everyone joined the group. The assisting nurse unobtrusively took notes on the comments and responses of the patients. These are used as an index to the interest shown and are a help in planning future lessons. The mothers did most of the talking. They first reviewed the talk of the preceding

week which had been on anatomy and physiology. A mother volunteered to define these terms.

"Anatomy," she explained, "is how we are made on the inside, and physiology is how things go."

One mother said that she had learned the right names for the parts of the body that "belong to the baby" and proceeded to name them. Another mother reported that the lesson taught her that the uterus is the first home of the baby.

From this, the discussion led to the lesson for the day, which was on the home. It was all very informal. The nurse brought out the points that she wished to emphasize by asking an occasional pertinent question and letting the mothers develop the subject themselves.

"If you were furnishing a home of your own for the first time, how would you pick out the things that you would like to have in it?" she asked.

A brisk-looking middle-aged woman spoke up.

"I'll tell you how I'd do it. I'll start with the kitchen."

And she did! Mentally she furnished a model kitchen to the last detail, finishing with, "and then to make it look nice, I'd have green gingham curtains and a couple of plants, and on the shelves I'd put some little doilies or 'embroidered' shelf paper—whatever was in style."

As the lesson progressed, the nurse made sure that each mother took some part. One Scandinavian girl who spoke almost no English steadfastly refused to follow a lead when a question was put to her. She seemed overcome with embarrassment. Her pink cheeks grew pinker by the minute. Her eyes began to have that far-away look by which mothers' club nurses know that she is thinking, "It's no use for me to come here." When the nurse came to the conclusion of her lesson,

she announced that on the following week, the group would talk about food for the family.

"And I want all of you to tell me about some foods that you cook for your families. Then a few of us will prepare the foods to show the others how they are made. I know that you can cook some good Swedish dishes for us, can't you, Mrs. Swanson?" she asked of the mother with the "It's-no-use" look.

Mrs. Swanson turned at least three shades redder, but her face was beaming.

"Yes," she said.

Just one word, but we knew that she would come back. She couldn't talk, but she *could* cook. She had participated! Her self-respect was restored.

Three mothers, not of the leader type, served refreshments and seemed delighted at having a part to play. The nurses sat with the group and encouraged informal discussion. At this time they try to learn, without direct questioning, just what the mothers feel and think. Some of their thoughts are quite surprising. An eighteen year old member who had stated that until her marriage, four months before, she had not known "for sure" where babies came from, announced, "The thing that most interests me is the moment of birth"—and the subject of the next lesson had been decided upon by the group—with the judicious if not obvious direction of the nurse in charge.

After the refreshments, the mothers prepared to leave amidst much spontaneous talking and laughing. Knowing so well the stolid decorum with which the Italian matron customarily deports herself, this spontaneity was in itself an index of what the class meant to them. In fact, to me, the high spot in the program was when a staid mother of the—to them—great age of thirty-six, airily referred to the members as "us girls."



## "The Child Shall Be First"



Peppino Mangravite

### *My dear Expectant Mother:*

You have entered upon a very important period of life, one that means a great deal, not only to you, but to the little one who will come to live with you in your home. We want to help you in every way possible so that your baby may be strong and well and so you will be able to keep your health and go through labor in a natural manner.

Upon the care you give yourself now, depends not only the future health and happiness of your baby, but your own health as well.

We have prepared a set of prenatal lessons which may be obtained by the expectant mother, either from her own doctor or direct from the Division of Child Hygiene of the State Department of Public Health at Springfield, Illinois.

These lessons are intended to give only the most simple rules of hygiene and in no way are they to take the place of the individual care which every expectant mother should have from her own doctor.

#### **EARLY SIGNS OF PREGNANCY:**

Skiping one or more monthly periods.

Changes in the breasts. They may become tender and have prickling or throbbing sensations in them. They may feel full or the nipples may turn darker.

Perhaps you are bothered by feeling sick at the stomach the first thing in the morning. This is known as morning sickness.

You may have to pass urine more often than usual, especially may this be necessary during the night.

Sometimes you may have dizzy spells.

Of course these are not sure signs of pregnancy, because any one of them can be caused by other things. However, if you have these symptoms, it is time to consult your doctor.

#### **WHEN TO GO TO THE DOCTOR:**

It is best to go to your doctor as soon as you think you are pregnant even though you feel perfectly well. You may think that there is no hurry about going—that you have plenty of time, or that you should wait until you are sure.

#### **IT IS UNWISE TO DELAY:**

There are many troubles which your physician can prevent if he sees you now. It will be a great comfort to you to know that you have some one upon whom to rely to tell you just what to do at any time. This will save you a lot of worry.

Your doctor, *not* your friends and neighbors, is the one to give you advice. These women mean all right, but possibly they do not know any more than you do. Just because a woman has had several children does not make her fit to advise other women. She may have given her own children such improper care that some of them are sickly or have died.

Over one-half of the babies who die are lost because of improper care. Their mothers meant to take good care of them, but they did not know how, and they did not ask the doctor what to do.

**YOUR FIRST VISIT TO YOUR DOCTOR:**

The following suggestions will help your doctor and make your first visit to him easier:

Take someone with you—your husband, your mother, or a woman friend.

Be sure that the bowels were thoroughly emptied that morning, so that there will be as little pressure in the abdomen as possible. It may be well to take an injection, or enema.

Take with you a four-ounce bottle, which has been sterilized, filled with urine which was passed that same morning. The early morning urine will show changes if there are any.

Wear a two-piece undergarment.

Know when your last monthly period began. This will help the doctor to figure out about when the baby will be born.

Be able to tell him about any illnesses you may have had, especially scarlet fever, kidney or bladder troubles, miscarriages, abortions and confinements.

**THE DOCTOR'S EXAMINATION IS IMPORTANT:**

Unless your body is well you cannot have a healthy baby. Your doctor will examine you carefully in order that he may detect any little defects which may be corrected and thus save you trouble later on.

He will want to know about your tonsils, heart, thyroid gland, lungs, nervous system, breasts and abdomen.

He will probably measure the pelvis, which is the bony part through which the baby passes at birth, and he will likely give you a vaginal or internal examination so that he can find out if the birth passages are large enough. This early examination will give him an opportunity to correct any condition which might cause a miscarriage or some serious accident at the time of birth.

Your weight and blood pressure will also be significant.

A blood and Wassermann test will indicate any blood disease. If there is a positive reaction your doctor will see that you have the proper treatment.

**EXERCISE:**

Mild exercise every day in the open air, beginning perhaps with a five-minute walk and gradually increasing the time and distance, will help you to keep in good health. Do not walk so far that you begin to feel tired.

Heavy housework, long auto or train rides should be given up, along with tennis or golf, unless you are otherwise advised by your doctor. Violent and strenuous exercise is likely to bring on a miscarriage.

**FRESH AIR:**

Fresh air will make you feel better. If you breathe stale or bad air you will have headaches or feel dizzy. Your baby will get its oxygen from the oxygen in your blood. So you see it is important to breathe deeply and to have fresh air both day and night.

**UNUSUAL FEELINGS:**

If at any time you don't feel like yourself, call up your doctor or go to his office and tell him about it. He can soon tell you what is wrong and perhaps suggest some change in diet. Consult him early.

**MORNING SICKNESS:**

Feeling sick at the stomach or even vomiting is rather common in pregnancy. This is called morning sickness because it comes on as soon as a woman gets up. It happens most often with the first baby. However, some women are not bothered by it at all. It usually disappears after the first three months.

Dry crackers or toast chewed slowly and swallowed dry about half an hour before rising will relieve this nausea in some cases. Sometimes a glass of hot milk sipped slowly helps as much as the crackers.

Always tell your doctor if you are troubled by morning sickness because he knows many ways to relieve you. Don't let it run on and waste your strength, and be sure to tell him if you have had a bad vomiting spell.

The next lesson will tell you more about what kinds of foods to eat to keep yourself well and strong. Remember if you eat the right kinds of food the baby's body is almost sure to be perfect.

Very truly yours,

GRACE S. WIGHTMAN, M.D., *Chief, Division Child Hygiene.\**

\* This is the first of a series of letters sent to the expectant mother by the Illinois State Department of Public Health, Division of Child Hygiene. It is printed here with the permission of Dr. Grace S. Wightman, Chief of the Division.

The picture which appears on the letterhead was painted by Mr. Mangravite for the Children's Bureau exhibit at the Sesquicentennial Celebration in Philadelphia.

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The Bureau of Maternity and Hygiene of the Iowa Department of Health sends out the following letter to prospective fathers, which we use with the permission of the director of the bureau, Dr. Clara E. Hayes:

Dear Sir:

As a prospective father you will be interested in the coming of your baby and the health of your wife both before and after the baby comes. As a safeguard to her health your wife should be under a physician's care during all of her pregnancy. A complete physical examination is advisable as soon as possible, but women often put this off for one reason or another. Take your wife to your physician. Go along with her, hear what the doctor advises and help her to carry out the directions. Have a private talk with the doctor and he will tell you everything you should know.

This is only a preventive measure to keep your wife in good health and spirits during her pregnancy; to prevent illness which is always expensive and often leaves permanent bad effects; to have her in the best condition to stand the strain of childbirth and to assure as far as possible a strong, healthy baby.

Pregnancy is natural and should be normal. If the doctor's directions are followed there will seldom be cause for worry, but some of the days will be trying ones for your wife. She will need the help and comfort that only you can give. If there are things that you do not understand or that cause anxiety do not hesitate to ask your physician about them. He can give you accurate information. It is not safe to depend upon advice of neighbors or friends in matters of health, no matter how kindly their intentions may be.

Help your wife to do the following important things:

1. Get the best doctor available.
2. Follow the doctor's instructions to the letter. Nothing that bothers your wife is too trivial to ask the doctor about.
3. Live simply, get eight hours sleep and some sunshine, some exercise, some fun and avoid weariness.
4. Eat a balanced diet every day and drink plenty of water.
5. Make the best possible arrangement for confinement.
6. Make plans for the baby's care before it arrives so things will run smoothly from the very beginning.
7. Plan ways to make her work easy until the baby is six weeks old.

Make your baby a real partnership affair.

## Are Infant Feeding Methods Changing?

*Editorial Note:* Recently, public health nurses have been aware of and puzzled by a changing emphasis from breast feeding to formula feeding of infants. It has seemed, although no figures are at hand to bear out this statement, that more newborn infants are being dismissed from hospitals who already are weaned, and apparently, more mothers are reluctant to nurse their babies owing to the pressure of modern life and its various social and economic demands on their time and strength. Therefore, it seemed to the editors worth while to gather some authoritative and up to date opinions on this problem from pediatricians, and in this effort we have been singularly successful, we believe, thanks to their generous interest in our plan.

It is not intended that these opinions shall give authority to public health nurses to act. It is understood that every nurse ascertains and follows the family or clinic physician's order in relation to infant feeding. This symposium is intended only to challenge thought, bring us up to date on the "pros and cons" of the problem and perhaps stimulate individual study of the status of breast feeding in our own nursing services. Comments, case reports, or studies will be welcome. Studies should take into consideration all the factors that affect the situation, as well as present accurate statistical data.

This symposium will be continued in our January number.

*From Richard M. Smith, M.D., Boston, Massachusetts:*

Breast milk is the ideal food for the young infant. This form of food is particularly desirable during the early weeks and months of infant life. There is no food which is a complete and equally good substitute. The advantages of breast milk over any other form of food are well known and need not be discussed at great length. It is a food produced for the specific species, and, therefore, it furnishes the essential ingredients for adequate growth or the species would not have survived. It is consumed immediately after production. It is rarely contaminated with bacteria and there are no opportunities for the introduction of bacteria through transportation. The financial expenditure involved in the production is extremely small. One would feel, therefore, that the reasons for substituting some other food for breast milk must be strong in order to warrant the substitution.

There are two or three legitimate reasons why a mother should not nurse her baby. If she has tuberculosis or cancer or some other serious chronic disease which may be transmitted to the baby or which may be increased in severity by continued lactation she should not try to nurse her baby. There are sometimes reasons on the part of the baby which prevent nursing, but these babies can have the benefit of breast milk by having the milk pumped and fed to them in some other way, as for instance, a baby with severe hare lip or a baby who is too feeble or too ill to nurse. This, however, need not deprive the baby of breast milk.

There are many mothers who do not want to nurse their babies usually because of the fact that it compels them to be at home regularly at least every four hours and interferes definitely with their engagements. A mother who does not want to nurse her baby rarely makes a success of nursing, and unless a mother can be changed in her point of view so that she nurses her baby willingly it is not advisable except under unusual conditions to insist upon her doing so. Every effort should be made, however, to bring her to the proper understanding of the situation. Occasionally for economic reasons the mother has to be away from home during the day and as a rule it is better to wean her baby entirely than to try to nurse the baby before she goes to work and when she returns. There may be exceptions to this rule, but in general it is not satisfactory for her to try to nurse her baby and work away from home at the same time.

Sometimes it is said that the milk does not agree with the baby or that the milk looks thin and watery. These are not good reasons for withholding breast milk. It often requires a careful and painstaking study to regulate the routine and attitude of the mother so that nursing proceeds satisfactorily. Coöperation between the doctor and the mother is essential and is not always obtained. Under these circumstances, it may be advisable to wean the baby, but one must admit that it is done because of lack of success in treating the mother.

In general one would say in conclusion that every mother should nurse her baby unless physical disease on her part makes it impossible or economic circumstances make it inadvisable. There are many mothers whose attitude toward nursing is such that continued nursing in the face of opposition is rarely successful. The necessary adjustments in the mother's routine necessary for successful nursing may be so difficult to bring about that weaning may be necessary. Breast feeding is particularly important during the first six weeks of life, it is desirable during the first three months of life, and should be discontinued in all instances at the end of nine months. After one month additional vitamins should be added and foodstuffs and minerals after the sixth month.

*From William Palmer Lucas, M.D., San Francisco, California:*

Breast feeding is nature's method of providing suitable food for the infant, and under optimum conditions, is ideal. If the mother enjoys ideal health she is able to produce an adequate amount of milk containing just the proportions of protein fat, carbohydrate, mineral salts and fluid best tolerated by the infant. Above all, breast milk has that elusive and very important "something" which confers immunity to certain diseases. This immunity has been built up by the mother's body through her contacts with diseases which she has successfully withstood. Inherited tissue weaknesses or susceptibilities received from the mother lend double value to the particular immunities which the mother is able to pass on to her child, in a measure compensating for the weaknesses inherited. Immunity received from breast milk cannot be imitated in any formula. The value of breast feeding is thus evident.

In considering drawbacks to breast feeding we must recognize that not a very high percentage of mothers enjoy ideal health. Most urban mothers live under such conditions of stress and strain that they are physically unable to produce breast milk in sufficient quantities to feed their infants adequately. Nervous and mental stress inhibits lactation. The modern fad for the slim boyish figure is a deterrent to many young mothers to increase their own food intake sufficiently to produce abundant breast milk. A workable and reasonably satisfactory method is to supplement breast feeding with a cows' milk formula to provide caloric intake and insure proper gain in weight for the baby. Supplementary bottle feedings should be alternated with breast feedings so that the time interval is lengthened between breast feedings thus allowing a young mother hours away from her baby to attend social functions. Breast feeding is then no longer irksome and many a mother will be willing to continue partial breast feeding for the first few months and provide the benefits of the immunity which she alone can give her baby.

Except for conferring certain immunity, all other requirements for feeding the baby are more easily met by a formula than by breast feeding. Formulæ can be modified with precision to provide for the relatively high energy exchange and produce consistently normal growth and development according to the individual inheritance of the baby. Many uncontrollable factors enter into breast feeding. A formula may be as practical a method of feeding the modern baby as breast feeding.

*From Clifford G. Grulee, M.D., Chicago, Illinois:*

I have some very decided views regarding breast nursing. In fact, I am quite sure from my own experience that breast nursing is far superior to any artificial food that can be given infants, but statements are of very little value.

What I am doing now is to get some data on the subject which will require nearly a year to compile. Before that time I would prefer not to go on record since I have only opinions and no proof. In fact, it seems to me that the whole question of infant feeding has been handled very much the same way. A lot of perfectly honest men have voiced opinions without having definite proof to back them up. Whether they are right or wrong no one can say.

My own feeling is that the pendulum is swinging back to breast feeding again very rapidly, but I would not care to write an article unless I had some proof to offer that I was either right or wrong.

*From W. McKim Marriott, M.D., St. Louis, Missouri:*

Shall we insist on breast feeding?

There has been so much speculation, sentimentalism and old-fashioned fundamentalist reasoning invoked in support of breast feeding that the true facts in the case are often overlooked. It is often stated that human milk is a God-given food and a perfect one for every infant and that no artificial formula can possibly be half as satisfactory. Mothers have been led to believe that their babies, unless nursed, will be physically and mentally below par, will suffer from digestive disturbances, summer complaint, will be especially susceptible to infectious diseases and will grow up with bow legs, decayed teeth, weak muscles and may even be mentally deficient. Imposing statistics are quoted to the effect that five to ten times as many artificially fed babies die during the first year as those fed at the breast. However true these statements may be for babies improperly fed on unsuitable proprietary foods and improperly constructed formulas, they do not apply to babies who are fed according to the underlying principles of infant nutrition which are now well understood. Too many mothers are coerced into nursing their babies through fear of the dire consequences which may result in their failure to do so. There are sufficient good reasons why breast feeding is usually the method of choice in the case of a normal infant, born of a healthy mother, without making it necessary to resort to fiction.

Let us consider the true facts in the case. There is nothing mysterious or sacred about breast milk. It is just food. The milk of a healthy mother who is receiving an adequate mixed diet contains all the food elements necessary for the nutrition of a normal infant for at least the first half year of life. Many artificial formulas are lacking in sufficient amounts of essential constituents and are poorly balanced. It is, however, perfectly possible to prepare an artificial formula which meets all of the nutritional requirements.

Human milk has an average fuel value of 20 calories per ounce and the amount taken in the course of a day by the infant is limited only by his appetite and the secretory activity of the mother's breasts. Many artificial formulas which have been extensively used provide less than 20 calories to the ounce and the baby's food intake is too often strictly limited to the number of ounces which it is assumed (often erroneously) the infant should have, irrespective of his appetite and tearful appeals. As a result, many artificially fed babies receive far less total food than they need and consequently cannot be expected to gain at a normal rate and be healthy. It is possible to prepare an artificial formula which provides the baby with all the food he needs in digestible form and in such volume that the amounts necessary can readily be taken. Although artificially fed babies are more likely to be underfed than those at the breast, there is no reason why this should be so. There is always plenty more

milk available to refill the bottles, but it is difficult to make a mother secrete more milk when the need exists.

Human milk, ounce for ounce, is more readily digested than unaltered cow's milk, but many babies can digest all the cow's milk that they need and the milk may readily be altered so that it is digested as well or better than human milk.

Milk from a healthy mother is free from any form of harmful bacteria and when the baby receives it directly from the breast there is no chance for contamination. Cow's milk is necessarily subject to handling, consequently more likely to contain harmful bacteria. Most of the severe diarrheal diseases of infants in a past generation were due to bacterial contamination of the milk used and this was the chief cause of mortality among bottle babies. Cow's milk can, however, be sterilized readily and is then, from the bacterial standpoint, as safe as human milk.

It has been assumed that human milk contains certain "immune bodies" which are of value in rendering the infant resistant to infection, but there is no convincing proof of this fact. It is, however, possible that during the early days of life direct absorption of the proteins from colostrum may exert a beneficial effect. The amounts of immune bodies which would be secreted in the milk is at best small and even if present would be destroyed during the processes of digestion.

The same vitamins are present in cow's as in human milk, the amounts being dependent upon the diet of the cow and the diet of the mother, there being in general larger amounts of most of the vitamins in cow's milk. The only vitamin which is affected by the heat treatment to which cow's milk is usually subjected is the antiscorbutic vitamin C, and this vitamin is readily supplied through giving a small amount of orange juice.

Breast feeding is relatively "fool-proof." The most ignorant mother, if in good physical condition, may secrete a milk perfect in quality when she could not be trusted to prepare a suitable formula or to keep it clean. Breast milk is economical as compared with proprietary baby foods, but human milk cannot be produced from nothing, and it costs but little more to feed the baby on a simple formula than to give the mother an equivalent extra amount of proper food.

Human milk is of more variable composition than mixed herd cow's milk and the milk of a single mother may change in character and in amount from day to day, depending upon the mother's physical and emotional condition. Such changes are a disadvantage to the baby. It is not possible to vary the composition of human milk at will and there are times when changes are desirable.

The fact that breast fed babies, as a group, are larger, healthier and happier than those artificially fed is not due so much to any innate superiority of breast milk but to the fact that many artificially fed babies are given food which is inadequate qualitatively and quantitatively or is contaminated with harmful bacteria. Controlled observations on groups of babies exclusively breast fed and those fed on proper bottle formulas have revealed the fact that the average development of the artificially fed babies is better and further, that they are if anything less susceptible to infections during and after the period of infancy.

With the facts in the case before us, we are in a position to answer the question as to when babies should be breast fed and when bottle fed. Any special advantages that breast milk may have are especially manifested during the first few days or weeks of life. The colostrum may have a function and the emptying of the mother's breasts has been claimed to influence favorably involution of the uterus. Unless there are absolute contraindications, the baby should nurse for at least the first week or so of life, but even during this time if the mother's milk is obviously insufficient, the infant should not be allowed to suffer from partial starvation. There should be no hesitancy in giving complemental or supplemental feedings from the bottle. If the mother is healthy, has an

abundant supply of milk, and if the infant is normal the continuance of breast feeding should be encouraged, but if, after a reasonable and conscientious trial, it is evident that the mother's milk supply is insufficient and variable, if the infant is not thriving and is always hungry and crying, it is better to resort to weaning rather than to worry along for months with mixed feeding, torturing the mother into attempts to increase her milk supply.

In those instances in which the mother is grossly ignorant and uncleanly and where it is likely that unsuitable types of proprietary baby foods or improperly constructed formulas will be used, weaning should be a last resort. If the mother has active tuberculosis, she should neither nurse nor care for the child, and a mother who is herself in poor general health and suffering from debilitating chronic illness should not prejudice her own health by nursing her infant. The advantages to the infant are not sufficiently great. The occurrence of diarrhea or vomiting on the part of the infant is not in itself an indication for weaning.

In our modern complex social organization, factors extraneous to the baby may enter into the decision as to breast or bottle feeding. The question often arises as to whether a mother who is working should give up her position in order to stay at home and nurse the baby. One of the chief factors influencing the decision is whether or not adequate care for the baby can be provided in the home; for one reason why breast fed babies often thrive better than those artificially fed is that they have a mother's constant attention. When a suitable person can be found to care for the baby in the home, it is entirely justifiable for the mother to wean the baby at the end of a short period and return to her work. The extra income earned may be sufficient to provide suitable surroundings and care for the baby which would not be possible otherwise. In the case of a normal baby under good conditions and proper medical supervision the advantages of breast feeding in itself are not sufficiently great to warrant a course of procedure which would materially cut down the family income.

In the space allotted for this discussion, it is of course impossible to consider the various indications for feeding the baby on special types of food in preference to human milk either temporarily or permanently.

This discussion is not presented as an argument against breast feeding, but against unintelligent fetishism.

[To be continued in January]



*This silhouette of the babies comes from Bennington, Vermont. The babies attend the clinic held at the Girls Club of which Mrs. Katherine H. Loomis, R.N., Bennington County Chapter of the American Red Cross, has charge.*



# The Maternal Mortality Rate

By MARY D. DAVIS

DIRECTOR, DIVISION OF MATERNITY, INFANCY AND CHILD HYGIENE,  
STATE DEPARTMENT OF HEALTH, NEW HAMPSHIRE

*Editorial Note:* If you know the "gone" feeling of being asked to speak over the radio, this radio speech which drew forth much favorable comment and interest from those listening in, may serve as a suggestion in an hour of need.

ACKNOWLEDGING a problem is progressive, but simply knowing and talking about it does not solve it. While every public movement to be successful must have the abstract interest and support of the public, this problem of maternal mortality from causes connected with childbirth can be solved only by those directly connected with it—in this instance the mother herself, the husband, physician, nurse, social service worker, the hospital and public officials.

We repeatedly hear that the United States has the highest maternal mortality rate in the civilized world with the exception of two countries. At the present time the rate is 6.5 per 1,000 births. Allowing for the difference in the classifications of deaths which some claim is the reason for the low rate of other countries compared to the high rate of this country, the fact remains that we lose 16,000 mothers a year during the ante-natal, natal and post-natal periods. Comparisons are one measure of evaluation, and surely in this instance we must consider them seriously when we realize that adequate prenatal and maternity programs in sections of our own country, and in other countries, have brought about a great saving of maternal life.

In a section of New York City, through the nursing work of the Maternity Center Association, the rate has dropped to 2.2, and we cannot fail to be astounded when we hear that Russia with all its turbulence so protects expectant mothers before, during and after childbirth that the rate has dropped to 3.5, or almost 50 per cent lower than that of our own country.

In 1921 the Federal Government

passed an Act for the protection of mothers and babies. While great good was accomplished through this Act, it became void before any actual results could be obtained in lowering the maternal mortality. Statisticians and other authorities on state and national movements tell us that it is necessary to work with one whole generation of people before we can expect to get results, or make any claims in regard to the permanent value of any health or welfare movement.

In 1921 New Hampshire passed a law creating a Division of Maternity, Infancy and Child Hygiene in the State Board of Health. When a law is passed, it is passed by the will of the people for their control, protection and benefit, and those directly affected by it should see to it that they get results. With this law, however, the present and future citizens affected are not in a position to secure its benefits for themselves; they must depend on others concerned with life and welfare.

In 1929 New Hampshire's maternal mortality rate was 6.7 for 1,000 births, and the infant mortality rate was 68 for 1,000 living births. Does this indicate that everybody concerned is doing all he can to protect these babies and their mothers, and would not an honest discussion of some of the factors that contribute to the causes of these tragic deaths in our own State and Country help us all?

The clergyman who gave the invocation at the opening meeting of the White House Conference on Child Health and Protection spoke these words: "God forgive the sins of maturity against the innocence and helplessness of childhood." It would

seem that as good Christians and citizens, as physicians, nurses, health, welfare and civic officials, we should accept this challenge and face this responsibility for the mothers, babies and children of this community of New Hampshire.

Why are there so many unnecessary deaths of mothers and babies from causes connected with childbirth?

Let us consider the various factors in this problem. Does every mother seek prenatal care? No. The miracle of new life is as old as mankind and for centuries has been accepted as a hazardous but natural occurrence. If death occurred, it was accepted as something that could not be helped. We still have these ideas to contend with. Many as yet do not seek prenatal care or the best type of maternity care because of lack of knowledge, of facilities, of money, or because of wrong advice and influences. The education of every potential and expectant mother and the development of facilities for care in every part of the State will correct these factors. But a discussion of this kind omitting the economic factor and family attitude, would be incomplete. In many homes the income is grossly insufficient for every day family needs, and in others, especially during this time of economic depression, it is not at any time wholly adequate. Consequently, the expectant mother does not seek medical supervision until late in pregnancy or until childbirth. Doctors say that frequently they are called to care for women in childbirth whom they have never seen during pregnancy. This is a dangerous procedure for a mother to follow and is entirely unfair to the doctor. Knowledge and interest on the part of the family, especially on the part of the expectant father, and insistence that the mother have the best medical care available would encourage many women to seek early prenatal care. The family attitude, the love that only they can give, with their coöperation with mother and doctor would make childbearing safer and more bearable. Mothers should come

through childbirth not only safely but should come through it well and happy, ready to take up anew the care of their household.

What do we recognize today as scientific prenatal care?—Registering with a doctor or clinic when the mother presumes that she is to have a baby, early physical examination, pelvic measurements, Wassermann test, vaginal smear, regular blood pressure and urine tests, early dental attention, proper advice in regard to personal hygiene, regular return visits to doctor or clinic and intensive supervision until the birth of the baby. It is needless to say that this type of care complemented by good obstetrical and nursing service at confinements would constitute the maximum of safety for mothers before, during and after childbirth.

Does every physician believe in and give this type of care even when the mother applies for it? Many do, but in the experience of mothers and public health nurses there are still some doctors who do not. Sometimes, after much persuasion from the nurse, a patient consents to go to a doctor only to have him check the confinement date and tell her to bring in a urine specimen later in pregnancy. This type of prenatal care does not safeguard the mother, the baby or the family. Does it help the doctor himself? No. Mothers are gradually becoming educated in what to expect and will not long accept this type of care if any other is available, and gradually, the best type is becoming available.

The public health nurse of today has accepted her responsibility as a health teacher regardless of the specific work that she has been employed to do, and the well trained nurse is alert constantly to the needs of the people of her community and familiar with all the facilities available for their help. Public health nurses have met this problem of a high maternal mortality rate by working with the local and State health agencies for the best benefit of the mothers in their communities, even where a heavy and

diversified health program leaves far too little time to give to educational projects. In New Hampshire, with the exception of the staff nurses of the State Board of Health, there are few nurses carrying a maternity and child hygiene program as their principal project. Few nurses feel that they themselves are all-sufficient to meet the needs of their community, and consequently a close coöperation is sought and maintained between the State Division and the local nurses, in order that the facilities that come within the scope of the Division may be available to every mother in New Hampshire.

The nurse's duty in the care of the mother is manifold. The nurse is many times the first person to know of the mother's condition; she meets her fears, her mental reactions, which are sometimes severe; she advises early prenatal medical care, and she gives such supervision as she can until the mother places herself under a doctor's care; she meets the family; she teaches personal hygiene, the value of good health habits; advises in regard to preparation for confinement, and if the mother and family are economically and socially handicapped she tries to improve their condition by referring to the proper authorities. In short, the nurse is constantly on guard, and many mothers regard her as their best friend during this period of their lives.

As the official public health agency of the State, the New Hampshire State Board of Health through its Division of Maternity, Infancy and Child Hygiene is carrying on an educational program concerning the need for adequate facilities for prenatal and maternity care and hospitalization. In addition to the educational and teaching work, we are establishing prenatal centers in every county of the State, hoping that in time there will be a modern hospital unit in every county seat where economically or otherwise handicapped mothers and children may receive the best of medical and nursing service.

Public officials have a responsibility in this matter, and a serious one. A

child handicapped by the loss of his mother many times becomes an economic and social problem and a community responsibility. Would it not be more humane and practical to provide adequate appropriations to safeguard maternal life, thereby giving many children a more normal bringing up in their own homes by their own mothers rather than to be forced to appropriate money later for their care under public auspices? Would it not pay cities to appropriate money for this important phase of public health work in proportion to that appropriated for other purposes?

Can the State of New Hampshire afford to lose between fifty and sixty mothers a year from causes incident to childbirth? Our State appropriation every year since 1923 for the administration of the work of the Division has been approximately \$21,000. It costs money to progress and in public health we get only what we pay for. Last year, through the courtesy of Gov. John Winant and his Council, we received an extra thousand dollars which enabled us to do splendid work in a county needing help greatly. The 1931 legislature gave us \$21,500. There are ten counties in the State. This amount of money enables us to have six full-time nurses, with four counties receiving a minimum amount of service. We need a full-time nurse, one or several prenatal centers in every county of the State, this service to be complemented by adequate hospital facilities for the care of maternity cases and also by facilities for the care of infants and children.

We are making progress, but it will be slow until all the individuals and groups mentioned in this talk accept their responsibility and meet the needs of the situation. When we all face the maternal mortality problem in terms of our own State and not in an impersonal, abstract way, the maternal, neonatal and infant mortality rates will come down. May that time come soon! The mothers of New Hampshire deserve the best there is.

# Health Department Nursing by a Visiting Nurse Association\*

BY KATHRYN SCHULKEN

SUPERINTENDENT, VISITING NURSE ASSOCIATION, DENVER, COLORADO

IN the development of joint planning for broad community public health nursing programs by departments of health and private agencies, almost as many plans have been used as cities participating. Despite this fact, health experts are agreed that the important thing in joint planning is that the community shall be adequately served by one group of public health nurses. This group shall administer all the various services that the community has developed, functioning under a joint, board of directors which should be planning continuously for increases in these services as the community has need of them.

We know that such a plan calls for a nurse administrator who is not only a part of the policy-making body, but who is studying constantly each phase of the work to be sure that it is being administered according to the needs of the community. She must see that the staff nurses have technical nursing ability, that sufficient time and thought are being given to continuous staff education and that in addition to general supervision there are special supervisors equipped to set high standards in their specialized fields.

There are many reasons why it is sound for nursing services to be jointly established by private and public agencies. Joint administration prevents duplication, is economical, protects the home from intrusion of many workers and is more efficient in every respect. In my opinion, the proof of the soundness of having one staff of nurses in a community carrying all phases of work is that patients, private physicians and nurses all like it. It is with reason that the nurse enjoys being responsible for

the whole health program in the homes she enters and finds a stimulus in the variety of service.

Generalized service has a distinct advantage in health education. If the public health nurse is the educator that we expect her to be, she must gain the confidence of the patient and family. She must be prepared to give bedside care in any home if anyone is actually ill and the service is needed. She must use this opportunity to teach health, prevention of illness, and the care of the patient by the family during her absence. Bedside care given adequately and well, is an entering wedge in the family's confidence, often it gains the immediate coöperation of the family in needed health measures.

The health officer depends upon the same nurse who gives this nursing care to interpret the quarantine code; the need for vaccination against smallpox; immunization against diphtheria, and to teach the family in quarantine its responsibility toward the community at large. The nurse who gives care in time of illness finds the prospective mother and is responsible for getting her under medical care early. When the economic status does not permit the employment of a private doctor, this nurse steers the prospective mother to the prenatal services offered by the Health Department, and is responsible for getting the coöperation of the mother in carrying out the routine necessary for the safe delivery of a normal child. It is this same nurse who is responsible for getting the baby to the infant welfare station, who urges that the preschool child remain under medical supervision and who keeps the parents informed of what the school

\* Presented before the second annual meeting of the Western Branch of the American Public Health Association, Seattle, Washington, May 30, 1931.

health department has to offer in the way of health education as well as health service.

The nurse who does a specialized job too frequently overlooks the opportunity for interpreting community resources to the family. This is true because she has her mind so fixed upon the individual member of the family or the individual service she is equipped to offer, that she may lose sight of the whole family health situation and problems.

#### DEVELOPMENT OF THE JOINT PROGRAM

Frequently the trend toward joint planning in a given city has resulted from some specific problem or serious outbreak of disease that has made the mobilization of all community forces necessary. This is true in Denver. It is not pleasant to recall our smallpox epidemic of 1922-1923, but our joint plan for nursing service had its inception at that time and resulted from the service rendered by the Visiting Nurse Association. If our Board of Directors had known that we were to have such an epidemic in 1922 it would have hesitated before offering bedside nursing to communicable disease patients as it did in July, 1921. However, as events turned out, we have never regretted that action.

The Department of Health recognized the value of our service during this epidemic and in the spring of 1924, it subsidized the Visiting Nurse Association in an expansion of its communicable disease work. This subsidy was increased annually until the fall of 1929 when a new plan of service went into effect.

In 1928, the American Public Health Association made an appraisal of health activities in Denver and offered some definite recommendations as follows:

That the nursing service of Denver be centralized in two main divisions:

- (a) School and preschool nursing service (public and private school). Private school work to be financed by the City Health Department but all school nursing to be under the supervision of one organization.

- (b) Generalized public health nursing service (Health Department and Visiting Nurse Association).

That educational and preventive work be financed by the Health Department, bedside care financed by the Visiting Nurse Association.

That the Superintendent of Nurses be responsible to the Health Officer for Health Department work and to the Visiting Nurse Association Board for visiting nurse work.

That any new proposition relating to public health nursing should be considered by a group composed of representatives of the public health nursing organizations.

Working toward the carrying out of these recommendations and in view of the fact that already we were carrying a heavy communicable disease service, the Denver Department of Health and the Visiting Nurse Association in 1929 decided to spend time, thought, and money in administering a complete communicable disease program. Today, the Department of Health requests the Visiting Nurse Association to send a nurse to visit every home in which a case of communicable disease occurs. The nurse interprets the quarantine code and assists in home arrangements and in the management of the care of the patient, thereby protecting other members of the family and preventing the spread of infection throughout the community. The nurses are prepared to give bedside care to these communicable disease patients where such care is wanted by the family. Where bedside nursing is given, the cost may be met by the family or an insurance company, but if the economic status warrants free service, these visits are paid for by the Visiting Nurse Association.

All the educational work of the nurse to these cases—and that means at least one visit to each minor, two to each major communicable disease—is financed by the Department of Health.

We have a special supervisor of communicable disease work. Our tie-up with the Department of Health is strengthened by the daily visit of the Assistant Superintendent of the Visiting Nurse Association to the offices of the Department of Health. She brings back to the Visiting Nurse Association

all cases reported, interprets the Department of Health to the Visiting Nurse Association, and the Visiting Nurse Association to the Department of Health, and straightens out tangles which may arise. These tangles were many at the beginning of this joint service, but because of the understanding cooperation of our Manager of Health and the perseverance of our Assistant Superintendent, they have been greatly reduced in the past year. Indeed, the private practitioner has come to accept this service gratefully, and occasionally reports cases to the Visiting Nurse Association at the same time that he reports to the Department of Health. A most significant step was taken by the medical profession when in the spring of 1930, just following our first hectic year of this elaborate service during which we went through the throes of a measles epidemic, the Medical Society of the City and County of Denver voiced officially its approval of this work.

#### PAROCHIAL SCHOOL SERVICE

Another service for which the Denver Department of Health pays and which the Visiting Nurse Association administers, is health service to the parochial schools. The American Public Health Association recommended in the appraisal of Denver health activities that private and parochial school work should be administered by the Department of Education and paid for by the Department of Health. Because of its charter, the Board of Education could not undertake this work. Therefore the City Department of Health asked the Visiting Nurse Association to do so. This is a specialized-generalized service, one nurse spending her entire time in the parochial school work. When the work in the school is extra heavy as in weighing and measuring, physical examination, giving of toxin-antitoxin and smallpox vaccine, additional nurses are assigned to assist in the schools. We attempt to use the nurses from the districts in which the schools are located. All the follow-up visits are made by the generalized nurses in their own districts. The De-

partment of Health appoints and pays the doctors in the schools and reimburses the Visiting Nurse Association for the personnel needed in all this work.

Besides these two services fully paid for by the Department of Health, more than half of the infant welfare stations in Denver were financed by the Department of Health in 1930. We feel that this is a splendid beginning in our joint financing of a complete public health nursing service for Denver and are looking forward to the time when the Department of Health will pay for all of the educational and preventive work which is now being done by the Visiting Nurse Association. We are hoping also that eventually more dollars will be available for developing the new services of which our community still stands in need.

This reorganization of our work entailed much joint planning by the members of the Board of the Visiting Nurse Association and by the officials of the city of Denver. We found that we leaned so heavily on Dr. Jaffa, our Manager of Health, for advice and counsel that he was asked to become a member of the Board of Directors of the Visiting Nurse Association. We know that if it had not been for this joint planning we could not have carried through with such successful results the infant mortality study in 1930. This study was sponsored by the Denver Public Health Council and financed by a department store and private anonymous donation, with the help of the Rockefeller Foundation. Committees from the Health Council were responsible for working out the questionnaires used, the research department of the University of Denver for the compilation of figures and the Visiting Nurse Association for the collection of material. The questionnaire being a very complicated one, it was the feeling of the special survey committee and of national authorities that if 60 per cent of the returns were completed, the survey could be considered a success. As a matter of fact only about 11 mothers out of 6,000 did not

answer the questionnaire. I believe that our success in this can be attributed to the fact that it was unnecessary to call in outsiders. Our joint agency was already active in the field, the technique of gathering data was easily taught, and the nurses were known.

#### PREREQUISITES TO JOINT PLANNING

Based on Denver's experience I believe that public health nursing needs are best served when the department of health and the private agency join forces in administering a complete nursing service with one staff of nurses. However, in building such an organization it is necessary to gain the confidence of the entire community by linking both pay and free service in proper proportions, by installing a system of cost accounting that will

show what each type of service costs and to whom it is charged. It is necessary to have a strong joint board of directors representing all participating groups, who are fully responsible for all of the policies and for extending the services as needed.

We are in our infancy in this joint service. We have sought and received advice from both the National Organization for Public Health Nursing and the American Public Health Association in all of our developments. We believe we are on the right road toward administering a complete community nursing service for Denver. We believe, granted sound ground work, that such an organization would have little to fear from change of city administration, because, in the final analysis, the political forces crave to please the voters.

Mrs. Schulken's paper was discussed by Dr. Walter H. Brown, School of Hygiene and Physical Education, Stanford University, California, who said:

I am very happy that I do not have to shoulder the responsibilities of a public health nurse. I am certain the preparation would be far beyond my capacity. For in a modern public health program, she is expected to be an expert in almost every field of hygiene as well as an historian, an economist and above all a politician. Yes, she is a politician, if by the word we mean an individual who by tact, perseverance and diplomacy is doing much to put over the public health program.

We all agree that the services of the well-trained public health nurse are essential to the success of any official or non-official health program. This means that she must be available for practically the entire community. Most frequently the public health nursing services grow up under voluntary organizations. Sooner or later the program and needs of the private organization and that of the health department come into intimate contact. This raises both the problem of coöperation and the problem of duplication—both of which are frequently difficult of solution. In many places it has given rise to conflict, and waste of both time and money.

Mrs. Schulken has given us an excellent example of how the problem can be solved where a private organization and a health official were wise enough to realize that efficient service to the community was the important point. It is no easy task for a nursing association to furnish services for the health department of a city the size of Denver. The speaker passes lightly over the difficulties in securing real coöperation and in straightening out all of the difficulties which are inevitable in the early days. This must have required all of the qualities enumerated as essential to the equipment of the public health nurse. Denver is to be congratulated on setting us an example of how the will to coöperate brings high returns to the community in efficient, well rounded health service.

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#### HONOR ROLL

An honor roll of public health nursing agencies attaining the goal of 100 per cent membership in the N.O.P.H.N. will be published in a later number of this magazine. Please let us know when you reach 100 per cent if you have not already reported.

*Doubled Membership Means Redoubled Strength*

## Advancing on All Fronts

### *A Mental Hygiene Conference Representing All Fields of Nursing*

GRADUATE nurses—private duty, institutional, and public health—and representatives of nursing education both graduate and undergraduate, were assembled at a conference on Nursing and Mental Hygiene which met in New York City, October 16 and 17. The conference was sponsored by the National Committee for Mental Hygiene. Invitations were issued by that Committee to nurses from various parts of the country and of varying interests in an effort to limit the size of the group and to insure active discussion.

Dr. George K. Pratt, Associate Medical Officer of the National Committee for Mental Hygiene, who organized the conference, said in describing the purpose of the meeting, "For some time we have been aware of a rapidly growing interest in mental hygiene within the nursing group, and the International Congress on Mental Hygiene made clear to us the necessity for closer affiliation between mental hygiene and nursing groups. We want the benefit of your point of view and experience in this rather uncharted field."

While the conference was planned as a discussion meeting only, the National Committee for Mental Hygiene hoped that plans for future activities in developing the relationship between nursing and mental hygiene would result from the meeting. Those present voted approval of the following recommendations which summarized the thinking of the group:

That in schools of nursing, mental health education and the mental hygiene point of view should be integrated into all curriculum subjects and nursing services and not taught only as a separate subject.

That a special committee representing the national nursing and mental hygiene organizations be appointed to outline a

plan for making a study of the present status of mental health education in schools of nursing.

That as a result of such a study, it is hoped that recommendations would be made to the respective organizations as to how mental health could be integrated into the curriculum of all schools of nursing.

The committee appointed consists of: Miss Taylor, Miss Tucker, Miss McGibbon, Miss Patterson, Miss Gilbert, Dr. Noble, and Dr. Fuller.

The three sessions of the conference were devoted to the following subjects: What is now being done?; What are the next steps in the mental hygiene training of nurses now on the job?; What are the next steps in improvement of the curricula in training schools? The first session, led by Dr. Arthur L. Ruggles, Superintendent of Butler Hospital, Providence, R. I., and chairman of the executive committee of the National Committee for Mental Hygiene, was devoted to papers describing present efforts to adapt the principles of mental hygiene to the needs of schools of nursing and graduate nursing in general hospitals, and hospitals of the mentally ill; and to public health nursing.

The remaining sessions led by Miss Katharine Tucker, Director of the National Organization for Public Health Nursing, and Miss Effie J. Taylor, Yale University School of Nursing, were general discussions. It was evident from the views expressed by nurses in all fields that a careful integration of mental hygiene in all nursing service is needed. Some of the situations used as illustrations were: The relationship of nurse to patient, in any field of nursing; the relationship of nurse to staff, especially in the field of institutional nursing; the emotional reactions of the probationer, and the

"mind-set" of the old-timer; the co-operation of the nurse with mental hygiene resources in the community.

In addition to the national organizations already mentioned, the following groups were represented: Public health nursing organizations by lay and professional members, and mental hygiene supervisors; schools of nursing; State and private mental hospitals; graduate

courses in public health nursing; boards of education; Institute for Child Guidance; Medical Center, and Cornell Clinic, New York City; Joint Committee of American Association of Psychiatric Social Workers and the National Organization for Public Health Nursing; the *American Journal of Nursing*; PUBLIC HEALTH NURSING magazine.

The following annual report, submitted by Grace F. Marcus, Chairman of the Joint Committee of the American Association of Psychiatric Social Workers and the National Organization for Public Health Nursing, covers the preliminary study of the many problems surrounding the activities of mental hygiene workers in the field of public health nursing.\* Members of this committee for the current year are: for the A.A.P.S.W., Miss Grace Marcus, chairman, Miss Elizabeth Brockett, Miss Glee Hastings, Mrs. Kathleen O. Larkin, Miss Sybil Pease, Miss Christine Robb; for the N.O.P.H.N., Miss Katharine Tucker, Miss Elizabeth Fox, Miss Ruth Gilbert, Miss Ruth Hubbard, and Miss Florence Patterson.

The course of committee discussion has been influenced by the problem presented: the recent rapid development of mental hygiene programs in public health nursing agencies and the increasing demand by many others for this sort of service. There is need to define the conditions necessary to proper development since nursing agencies in various stages of growth and with varying community facilities wish to adopt mental hygiene programs. It is also important to formulate the purposes and methods of mental hygiene in the nursing agency for the orientation of psychiatric social workers interested in this pioneer field. The psychiatric social worker's task is highly experimental; no specific training for this work exists, and both she and the field need to be protected from misadventures by whatever formulations can be made for their guidance.

The committee's discussions have been exploratory and have first sought to define purposes in the light of which problems and methods may be frankly and freely considered. For instance, it was tentatively but unanimously agreed that the fundamental purpose of mental hygiene in a public health nursing agency is purely and simply that of enabling the public health nurse to do a better public health nursing job. It would follow from this that the psychiatric social worker's function is (1) to discover what the public health nurse needs to know of mental hygiene to do her job better and (2) to assist her in this effort. It was agreed by the committee that the term "mental hygiene program" fosters the erroneous idea that the nursing agency is assuming a new and external function, whereas its proper objective is to assimilate into its own program whatever mental hygiene it needs to make that program more effective. This point was repeatedly discussed because it was felt that if it were not thoroughly understood, three difficulties would arise: (1) the nursing program of the agency would be diverted from its peculiar nursing goals, (2) the psychiatric social worker would not study the nurse's job and learn how to meet the nurse's needs on that job, and (3) the nurse would be tempted into a mixture of case work and mental hygiene for which she would not be properly trained.

The committee agreed that the primary objective in the development of the mental hygiene implications of the public health nurse's job is to make more productive all the nurse's contacts with individuals and families through her better understanding of human psychology and her adaptation of this knowledge to her teaching methods. This objective has not yet been generally emphasized and there is urgent need of further study of the nurse's job to discover what she should know of mental hygiene. The committee is interested in

\* "Mental Hygiene in Public Health Nursing Organizations," a brief summary of this situation, appeared in PUBLIC HEALTH NURSING for October, and is available in reprint form.

promoting such study and in this connection has raised questions about the working relationships which should exist between the mental hygiene consultant and those supervisors in the agency whose task it is to train the individual nurse and supervise her work on individual cases. In this field as in others, it was agreed that what is essential is such absorption of mental hygiene into the professional approach and techniques of the nurse that she will utilize mental hygiene not as a separate resource on abnormal cases but rather as a natural part of her ordinary operating equipment.

The committee has been confronted with various questions in the course of its discussions to most of which it expects to return later, *e.g.*, what standards should obtain in the public health nursing agency and in the organized community before the nursing agency embarks on mental hygiene development; how may the nursing agency and the mental hygiene consultant proceed in this task of developing the nurse's capacity to do her own job?



## Industrial Nursing Program of the Chicago Tuberculosis Institute

*The Industrial Nurse—A Public Health Teacher*

By EL RENE C. HUBBARD

INDUSTRIAL SERVICE, CHICAGO TUBERCULOSIS INSTITUTE

THE work of the industrial nurse as established and maintained by the Chicago Tuberculosis Institute was developed as a result of an industrial survey started in April, 1930. This survey had a two-fold purpose: first, to learn the extent and nature of health activities in industries in Chicago; and second, to offer the services of the Chicago Tuberculosis Institute as a coöperating organization and a source to supply any particular needs for health education.

A questionnaire was mailed to 6,500 Chicago industries offering six different kinds of health service: literature, posters, a monthly bulletin-board service, advice on sanitation, health talks and movies. Adequate replies were received from 1,000 industries representing 65 different kinds of work and employing 500,000 workers. The numbers of employers per industry ranged from 1 to 40,000. Eighty-nine per cent of the industries employed less than 500. All the industries employing more than 1,000 replied. The responses gave a complete record of medical-nursing-social unit classifications. The conclusions concerning

the health interest and programs then in use and the needs of the future as stated and desired by the industries themselves became the basis for a conclusive report and the foundation for future health service. The following points taken from this report may be of interest to nurses:

- 12 per cent of the industries employed a nurse, six admitting that their nurses were part-time nurses, and only 72 per cent of these industries employed registered nurses
- 43 per cent of the industries employed a physician
- 82 per cent of this 43 per cent had a physician only "on call"
- 25 per cent of the persons employed in Chicago industries were women

Analysis of the requests made for health service revealed that two-thirds of all industries replying to the questionnaire indicated a desire to receive at least one of the six services offered. Of these:

- 73 per cent requested literature
- 73 per cent requested posters
- 79 per cent requested a monthly bulletin-board service
- 63 per cent requested advice on sanitation
- 15 per cent requested health talks
- 14 per cent requested movies

Out of these data came the convic-

tion that it would be highly desirable to have a person give health talks during the noon lunch hour, as well as consult with the industries on matters of health. In June, 1930, a registered nurse with a background of public health experience and trained in public speaking became a member of the Chicago Tuberculosis Institute staff for this particular work.

During the following three months she interviewed no less than 200 representative people—First, to make a direct contact with as many organizations as possible and second, to obtain the suggestions of certain people regarding possible material for health talks. These interviews included both physicians in general practice and physicians entirely engaged in industrial work, nurses, social and welfare investigators, department heads of relief agencies, department heads of labor groups, presidents of various industries, personnel directors, employment managers, various leaders identified with such groups as the Y.W.C.A., Y.M.C.A., Girl Scouts, Boy Scouts, etc. All were requested to express themselves freely concerning what should be done along the lines of health teaching among the working people of Chicago.

#### HEALTH TALKS

Enough material and suggestions were received from these interviews for a three hour talk—obviously an impossible task inasmuch as ten to fifteen minutes would probably be the time available in most industries for a noon period talk. After considerable analysis and thought, the material was "boiled down" to the following points, to be expressed extemporaneously and in language changed to meet the mental and educational standards of industrial groups:

- Value of maintaining good health in economic crises
- Relation of annual physical examination to good health
- Value of early diagnosis and treatment of disease with special emphasis on the "silent illnesses"

Three minutes for a special discussion of tuberculosis

Causes of overweight with associated dangers of a reducing program that does not include the direct orders and constant care of a physician

Menstruation and attendant problems (for women only)

Daily health habits

Dangers of using medicine not prescribed by physician

Mental and physical recreation

Avoidance of self-pity when a health problem comes

Importance of having a family physician and letting him call a specialist when needed

Following these talks, an opportunity was given the employees for asking personal questions. Some of the questions, typical of those which have been asked, follow:

By men:

Personal health problems

Underweight

Indigestion

Insomnia

Check-up on patent medicine being taken

Broken arches

Eye strain

Headaches

Personal health problems of wives or children

By women:

Questions ranged from the most intimate personal problems to general health information and faulty daily habits

By mixed audiences:

Usually questions from the floor by department head—seldom any questions from employees

In response to the request for a monthly bulletin-board service, the Industrial Health Services of the Chicago Tuberculosis Institute developed "Health Flashes,"\* a colorful monthly bulletin for shop and office bulletin-boards written for the information of workers and giving brief positive health facts. This was followed by "Man-Power,"\* a monthly single-sheet, mimeographed house-organ written for industrial management, physicians, welfare and employment managers, superintendents, etc. "Man-Power" was inaugurated to satisfy the desire on the part of industrial management for brief comments on health

\* Sample copies may be secured from the Chicago Tuberculosis Institute, 360 N. Michigan Ave., Chicago.

articles in current technical and medical periodicals. And lastly, it was found that there was a demand for a monthly release of a short health article suitable for publication in employee house-organs.

From a small circulation these three services have grown overnight to include virtually all the larger and many of the smaller industries in Chicago. In consequence of requests from the outside for service, "Health Flashes" is now issued with special imprints of other state tuberculosis societies.

#### RESULTS VIEWED BY THE NURSE

The nurse has noted some outstanding points having considerable bearing on the general program as follows:

That the mental attitude of the management toward general health, whether it be an individual or a community problem, is directly reflected in the attitude of the employee.

That most industrial physicians are decidedly friendly to and coöperative with an outside organization that seeks to help them solve their problems in health education and care of employees.

That women in Chicago industries, regardless of position—from the president's secretary down to a punch press operator, both seek and need information concerning loss of time due to dysmenorrhea.\*

Although the nurse started out to speak to "women-only" groups, there came from the men also the demand for talks to them. For the past six months the nurse has been speaking to twice as many men as women.

That special talks limited to tuberculosis alone were not desired by either management or employees. Not until the talk was understood as containing "General Health Information" was it possible to interest the management or employees in health talks.

That after the nurse has given a talk in an industry, she is frequently requested to make a return trip and elaborate further on some special health subject on which they (the employees) want more or entirely new information.

That employees are interested in health literature when it is presented through *personal contact*, provided the article is not too long, the type is of readable size, written in *lay language* and on a subject of real interest to the worker.

That the nurse has a splendid opportunity to offer suggestions that may help solve some problems in that particular industry. Example—high heels versus medium heels; back ache versus comfortable working seats; tight garter bands versus comfortable loose clothes.

The industrial nurse who concerns herself merely with the palliative relief of a cut finger, headache, indigestion, or dysmenorrhea is passing by a great opportunity for effective health teaching. Nurses should remember it does not require a complete hospital training to learn to fill a hotwater bottle, measure out some bicarbonate of soda, or give an aspirin tablet. Almost anyone can be taught to read a thermometer, count a pulse, or measure out a dram of ammonia to a fainting person. The point is, that the *registered industrial nurse is going to be concerned* with the problems in her patients' lives that brought them to the medical department for help: the faulty daily habits, inadequate rest and sleep, poor ventilation in sleeping quarters, inadequate food or imprudent eating habits, etc., etc. Has this patient some mental or financial home responsibility that unfits him for work or brings about industrial hazards with danger to himself and others? Has the patient interpreted the doctor's directions correctly? It is not untimely to remark that the nurse who does not remain non-partisan in her attitude toward both the management and employees will find herself caught between the two groups in a net of friction and unhappy situations, reducing to a minimum the value of her service to both groups.

In conclusion, it is the opinion of the author that the industrial nurse, who does not have a medical-mental-social viewpoint (and a health sense of humor), and does not feel that she is a part of a large group of nurses doing definite health teaching, is a misfit in industry and should seek another field in nursing service.

\* See "Helpful Hygiene for Women"—prepared by author.

# Suggestions for the Annual Report

By EVELYN K. DAVIS

ASSISTANT DIRECTOR, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

THE Annual Report—a thankless job approached with misgiving during a busy season, or an illuminating and satisfying means of summarizing the year's work? No doubt the task has the elements of both. When publicity experts must bring all their skill and experience to bear on the details of even the insignificant "flier", it is small wonder that we view our annual journey into this field with some alarm, untrained for this part of our work as most of us are.

However, help can be found for us in our dilemma. Ideally, and in some public health nursing organizations, actually, this responsibility is shared by Director and Board. It may be that the Publicity Committee of the Board can take the entire responsibility for form and content of the annual report, the Director of course presenting her material, helping to secure accuracy of detail and contributing to interpretation of the year's work. There is no reason why the finest publicity expert in town should not be a member of the Board's publicity committee.

Even so, there are points in the preparing of the annual report which need consideration. And if, on the other hand, the nursing organization is so situated that it must solve its own publicity problems without the kind of assistance suggested, these factors assume even more importance.

## PURPOSES AND AUDIENCES

According to those organizations whose annual reports have proved most effective, it is not enough to have in mind in preparing the report merely a general summary of the year just passing. Do we hope to thrill old members of the association with developments in the work which their contributions have made possible; or are we planning through this annual report to make a host of new friends for the organiza-

tion? Are we developing material that may be of interest historically? Several definite purposes present themselves as important. Perhaps the local situation demands that one of them be especially emphasized; perhaps it will be profitable to follow out all five of the following *raisons d'etres* for an annual report:

To give an accounting to contributors for the expenditure of donations to the nursing organization.

To make a chronological record of the work of the organization.

As a publicity medium, to arouse new interest in the work and needs of the organization.

To report accomplishments, and to announce plans for future progress.

To compare programs, results and problems with those of other organizations.

Closely bound up with the purposes for which the annual report is designed, is the matter of the audience to be reached. It has been said that one never appears before *an* audience; rather any group is composed of *many* audiences. If we consider the purposes of the annual report and forget to scrutinize its readers with equal thoughtfulness, we will be just shooting our arrow "into the air".

The following groups of persons to whom the annual report of the local public health nursing organization should be keenly interesting, are a part of every community:

- Contributors
- Board of Directors
- State and National organizations
- Professional groups in your own and allied fields
- Persons now unfamiliar with the work of the organization; possible donors; volunteer workers
- Persons who are non-understanding or critical of the organization's program
- Reference libraries

Granted all these factors have been considered, it still is not easy to pro-

duce the printed page which puts our ideas in tangible form. Things look different in print. Our most cherished and artistic arrangements, our striking effects, may lack the punch on which we had counted. What form of report shall we choose?

#### FORM OF REPORT

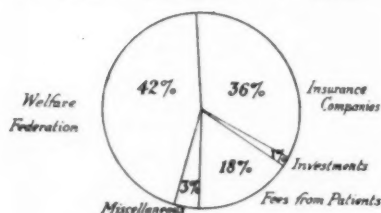
In this choice the organization will be influenced by the amount of money available for this purpose and the comparative costs of various types of report. Perhaps the organization has issued the same form of report over a period of years and wants a change; perhaps the organization plans that all

to remark that a report is of value only if it is read.

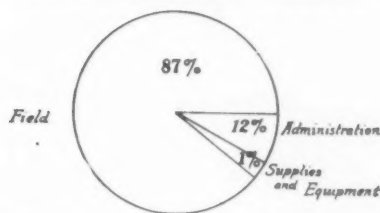
Printing or mimeographing, and the size and shape of the report are closely related. Shall it be a folder, booklet, or single sheet? Expense must be borne in mind since odd shapes—though an added attraction—mean special cutting with probable waste of stock, and the use of special envelopes. However, the report must attract attention—which does not necessarily mean that it must be expensive.

Since the cover is the reader's first approach to the report, it must be a good one, attracting the eye by its

#### HOW THE MONEY CAME



#### HOW THE MONEY WENT



Charts by courtesy of The Visiting Nurse Society of Philadelphia

its reports shall be uniform in size and shape for filing purposes. Our purposes and our audience again play an important part in the decision. Guided by these considerations it is necessary to choose from some such groups as the following: The formal or informal report; detailed or brief report; printed, multigraphed or mimeographed pages; narrative report; graphic use of charts, pictures or maps.

The local organization is the best judge of the report which will be well received in that community. But in general it is safe to say that ponderous reports will not be read. A clever ending of a mimeographed report issued by the Middletown (N. Y.) Department of Health, shows a cartoon of the health officer collapsing in a faint when a visitor says to him, "Say, Doc, I have read your report clear through to the end." Of course it is axiomatic

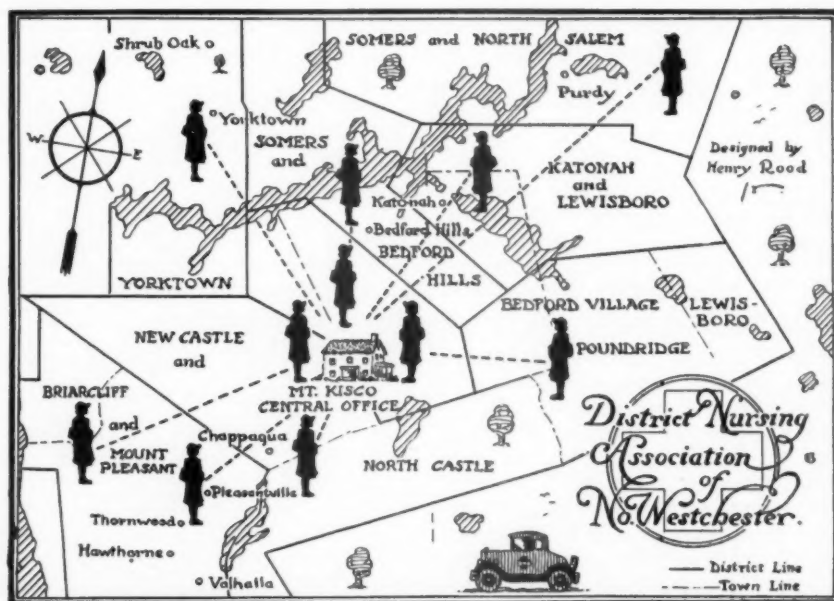
color, its set-up and its promise of something of interest inside. It must be dignified. Light colors give best results since type shows up poorly against a dark background. The color must be live as well as light; not a dull gray. If the cover carries the name and address of the organization, these should be in full, or this information should appear on the title page. Sometimes in studying annual reports received at N.O.P.H.N. headquarters, it has been necessary to hunt through the entire report to learn where it hails from. "The Annual Report of the Springfield Visiting Nurse Association", for instance, might mean that the report had been sent from one of twenty-five "Springfields" in the United States. Similarly, the date should appear on the cover. The cover stock should be durable and of good quality. The use of contrasting color,

"cut-out", silhouette or similar device helps to catch attention. A "catch" title, challenge, slogan, or an arresting statement may be used to good advantage on the cover.

In a mood of discouragement, one might deplore that every new and striking arrangement of title and design already had been used, but annual reports carried out with originality appear each year and should serve as a stimulus to the rest of us.

The title page must above all other requirements, be clearly and precisely arranged and should present a dignified appearance.

sharper through reduction in size; "fuzzy" and indistinct through enlargement. If there is doubt that the picture will reproduce well, do not risk using it, but plan to secure a better one. The picture should illustrate one idea, and only one. To show "action" it must have a person or people in it. Where nursing procedure is demonstrated, every detail must be accurate and according to the best accepted technical procedure\*—nothing delights readers more than to point out "what is wrong with this picture". Perhaps the nurse's bag is pictured unprotected; perhaps the nurse is bathing the baby



HOW WE WORK AND WHERE WE GO

#### USE OF ILLUSTRATIONS

Pictures from which "cuts" are made are expensive; yet they are immensely valuable in giving the reader a visual conception of the work of the organization. A picture is successful only if carefully chosen, however. A few hints on the "technique" of cuts follow. "Glossy prints" reproduce best. The details of a picture become

with immaculate cuffs in place, the doctor is working without a white coat, the child standing on the scales has on his shoes and a sweater! Frequently in order to "make a good picture", the patient, nurse, and equipment will be placed in such awkward relationship that even a left-handed nurse would be baffled in giving nursing care. The picture which satisfies us all is the one

\* For an example of a good picture (in this case preventorium care) see page 490 of the October number of this magazine. There is plenty of "action" in the poster reproduced on page 482 of the same number.

which is truthful, accurate, and has about it a living quality—the “speakin’ likeness.” Judicious trimming often helps to make a picture effective; even legs and arms may at times be amputated gracefully; but never heads! Credit lines must be remembered, and pictures of persons should not be used without permission. The National Organization for Public Health Nursing has a number of excellent glossy prints which may be borrowed.

More and more frequently statistics are being presented to both lay and professional groups by means of charts. These must be simple to be effective. The financial report, for instance, may be printed in small type and then worked out graphically by means of a “pie” chart which shows sources of income, and expenditures. Such charts appear on page 599.

The animated map has had great popularity during the past few years. Our favorite summer playgrounds appear in map form on our walls. We habitually plot the progress of our program on outline maps. The annual report can make good use of the map to show distribution of work and the territory covered. A fairly elaborate example of the use of the map is reproduced in this article.

#### REPORT OF WORK

Shall this be carried out formally; shall it be told as a story of the year’s events, or shall the facts be presented through such devices as the printed or mimeographed cartoon? If the first, brevity and interesting presentation are essential. The opening sentence is of vital importance for it frequently decides whether or not the reader will continue. The negative approach is taboo. We know of one annual report which began, “Nothing new happened in the organization this year.” The wording should be simple and forceful with no departure into the philosophical and abstract—or the heavily sentimental.

Some organizations have used the method of telling their story by showing “A Day with the Public Health Nurse” or “Around the clock with the Nurse”. Another organization pictured a nurse in one of Henry Ford’s contributions to society, in rapid pursuit of Health. The tendency, as these examples suggest, is away from the formal report which so frequently is not read and which is a costly contribution to the community wastebasket.

The trick is—and it cannot be turned without careful thought and planning—to present accurate information with regard to the staff and program, intriguingly.

\* See also THE PUBLIC HEALTH NURSE, April, 1931, page 173.

#### LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR DECEMBER

Medical Aspects of Gastric and Duodenal Ulcer.....	L. C. Gatewood, M.D.
Nursing Aspects of Gastric and Duodenal Ulcer.....	Evelyn F. Seegmiller, R.N.
Treatment of Pneumonia in Children.....	Sophia A. Joffe, R.N.
Bacteriophage.....	Vernon H. Norwood, M.D.
The Person Sick .....	Eleanora B. Saunders, M.D.
Some Specialists: Mary Beard.	
Legal Aspects of Clinical Charting.....	Mrs. Nan H. Ewing, R.N.
Past, Present and Future of Nursing.....	Annie W. Goodrich, R.N. M. Adelaide Nutting, R.N. Lillian D. Wald, R.N.
The Nurse and the On-coming Mastoid.....	Sister Grace, R.N.

# County Nursing in Missouri's Drought Area

By PEARL McIVER

STATE SUPERVISING NURSE, MISSOURI STATE DEPARTMENT OF HEALTH

A SURVEY of health conditions in Missouri's drought area previous to the granting of Federal aid for drought relief work last February showed that a lack of proper food, increased crowding and the inability to buy medical care were resulting in serious health problems. Typhoid fever mortality had increased more than 125 per cent over the previous year in this area while in the rest of the State the increase had been but 59 per cent. The incidence of scurvy, pellagra and rickets was greatly increased especially among the children, and the lowered resistance of the individual in this area made him easy prey to tuberculosis.

Missouri had at that time, fifty-four counties which were listed as "farm relief" counties by the Farm Relief Board. Of these fifty-four, six had whole-time county health departments, and three additional counties had county nursing services. All but three of these counties were south of the Missouri River. Therefore it was decided to group the forty-five counties south of the river which had no regular health service, into five rural health districts. An experienced public health physician was placed in charge of each district. He was assisted by a graduate sanitary engineer, a laboratory technician and five public health nurses. One of the nurses was given the status of chief nurse and in addition to meeting the State Board of Health minimum requirements for public health nurses, she was required to have had experience in supervision of rural nurses. In addition to her supervisory duties the chief nurse was held responsible for public health nursing work in the county where headquarters were established. Two counties were assigned to each staff nurse.

A County Health Council made up of the part-time county health officer, county superintendent of schools, county court, representatives of the county medical and dental professions and of other interested organizations was organized in every county. This Council now meets monthly. In addition to the regular members, the meeting is attended by the nurse assigned to that county, the district medical director, and sometimes by the chief nurse or district engineer. Responsibility for planning the program and making arrangements for a permanent service rests with this Council. Each member of the Council is given specific responsibilities such as publicity, arrangement for baby clinics, immunization campaigns or health meetings and, therefore, feels that he is a necessary member.

The program carried out by the nurses must be planned so as to reach the greatest number of persons in the least amount of time. Therefore group work is preferred to individual home visitation as a general plan. Immunization of all children against diphtheria, and vaccination against typhoid and smallpox are important objectives. Mothers' conferences where the parents are instructed in preventive measures and general hygiene are proving very popular. Regular monthly infant and preschool clinics are scheduled in each county.

Since each nurse must cover so much territory it is not possible to reach every school for the usual school health program. The county superintendents of schools have been asked to group the smaller schools and to schedule district meetings. Two or three schools are invited to meet at a designated place for a "Health Day". The parents and teachers accompany the children and a

basket dinner is enjoyed at noon. With the help of the teacher the nurse conducts the "six and nine point" examinations and confers with the parents concerning any apparent defect. The nine points include: vision, hearing, dentition, nose and throat condition, nutrition, posture, birth registration,

information and help.—Who says the fathers are not interested in promoting public health?

The State Health Department, in addition to outlining the general program, maintains very close supervision over the district work. Each district is required to have at least one staff



*On mule-back to clinic*

smallpox vaccination, and diphtheria immunization.

The physicians of the area are coöperating with the health workers wholeheartedly and many of them are volunteering their services in promoting the immunization program. The Council members are taking their duties seriously as is evidenced by the report of one baby health conference. The Council member in this particular village of two hundred people happened to be the postmaster. He interested his four rural mail carriers in this project to such an extent that they personally stopped and told every patron on their mail route about the baby conference. A total of sixty babies and preschool children presented themselves for examination at the clinic that day, and in addition, ten prenatal cases came for

conference each month which the State director of rural health work and the State supervising nurse endeavor to attend. In addition, the director of laboratories and the chief sanitary engineer keep in close touch with their respective activities in each district. The State health commissioner plans to visit each district at least once each quarter, and all of the workers are encouraged to look to the State Health Department for advice and help whenever necessary.

It is hoped that the district plan for health work in sparsely settled rural areas will prove to be both efficient and economical. The results obtained thus far seem to justify that assumption. Continuation depends primarily upon additional Federal aid or increased State appropriation for rural health work.

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We regret to announce that owing to an unavoidable delay the article on maternity nursing by Anita M. Jones of the New York Maternity Center Association, announced for publication in our December number, has had to be postponed until January.

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## ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

*Edited by* KATHARINE TUCKER

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### REPORT OF EXECUTIVE COMMITTEE MEETINGS

Does every member of the N.O.P.H.N. realize how pertinent to her own situation are the discussions at N.O.P.H.N. Executive Committee meetings? Does he or (as is more often the case) she realize that representatives come together from many parts of the country and from many types of agencies to seek solutions to the very problems that are confronting the local agency? Would that every member might attend one such meeting to understand to what extent, in times of strain, in situations of uncertainty, in efforts toward progress, one possesses the backing and united impulse of a national agency!

#### MATTERS FINANCIAL

At the Executive Committee meetings held in October chief consideration was given to the effect of the present financial situation on public health nursing generally and on the N.O.P.H.N. specifically. Inquiries are flooding the N.O.P.H.N. office raising such questions from local organizations as: Shall salaries be cut? Shall organizations draw upon their reserve funds? How can programs be adjusted to limited budgets without denying needed service to the community?

These are a few of the questions on which the N.O.P.H.N. can lead thought. It is necessary for the National Organization to have its ear to the ground—to be aware of changes and adaptations, to clarify issues and re-emphasize principles.

The Executive Committee voted that a special committee be organized to give careful study to the problems arising from the economic situation. Public health nursing will be put to a severe test this winter. It may come through changed in some ways, and

some of the changes will be for the better. The Committee is to study these changes and suggest those that seem worth promoting in the future. The members of the Committee are:

Elizabeth Folckemer, Cleveland  
Amelia Grant, New York  
Erna Kowalke, Milwaukee  
Agnes Martin, Syracuse  
Florence Patterson, Boston  
Mrs. Elsbeth Vaughan, St. Louis  
Marguerite Wales, New York

Another phase in the consideration of this winter's financial problems relates directly to the finances of the N.O.P.H.N. The income side of the page is of necessity largely a guess this year for many local agencies are not able now to say how much of their corporate dues they can pay. Our treasurer, Dr. Davis, has assured us that the N.O.P.H.N. for the coming year can be solvent after definite curtailment in the budget. In this the national faces the same problem as the local constituency—where to cut! With increasing demands for our services and with unprecedented expressions of appreciation on the part of our corporate agencies, it was a difficult question to decide. Some reduction has been made in allowances for travel although all of the Executive Committee felt that this year of all years field service was important as the most direct contact and service to our membership. The cutting finally fell on the newest of our projects—mental hygiene—which, by virtue of being new, involved the fewest commitments with local and other national agencies. The Executive Committee voted that after May 1, 1932, the mental hygiene program be discontinued, thus releasing the salary and travel expense of one

staff member. Although mental hygiene was the last project it was by no means the least, and the cut has felt as if it went to the very bone itself.

One of the most significant milestones in the progress of the mental hygiene project—the first report of the joint committee of the N.O.P.H.N. and the American Association of Psychiatric Social Workers appears on page 594 of this magazine. If any evidence of vitality were needed it is here in the content of this report. Although N.O.P.H.N. participation in this project may not be so vigorous following the loss of the special staff member, the interest of the whole staff and the joint committee has received too genuine an impetus to fade, and it will be possible to maintain an advisory service as part of our whole program.

Of interest in relation to the financial situation are the replies from corporate agencies to inquiries about their dues. A few organizations have increased their dues to the N.O.P.H.N. this year, the majority are trying to hold to the dues paid in 1930 and a number of agencies have been forced to reduce. The general spirit of the replies has been a great encouragement indicating approval of the percentage plan and a favorable attitude where and when circumstances permit, toward increasing corporate dues up to the 1 per cent.

Although the N.O.P.H.N. meetings gave serious consideration to pressing financial problems, there was an underlying note of optimism over progress which the organization has achieved in the past few months.

#### PROGRESS REPORTS

*Service Evaluation Committees:* Announcement was made by Dr. Haven Emerson that the Service Evaluation Committee had completed its report of the study of costs and that the Metropolitan Life Insurance Company and the John Hancock Mutual Life Insurance Company have agreed with the Committee in its findings and have accepted an identical form for cost accounting. It is anticipated that this report which will be called "The Prin-

ciples and Practices of Public Health Nursing, including Cost Analysis" will be in book form ready for sale by the first of January. Therefore, organizations may use it as a guide in computing 1931 cost statements.

Dr. Emerson also announced that through the courtesy of the Metropolitan Life Insurance Company an expert accountant is reviewing the accounting and bookkeeping systems of a selected list of public health nursing agencies and will make his findings available to the Service Evaluation Committee as the basis for a supplementary report with suggested forms for accounting and bookkeeping. It is hoped that this report will be ready for distribution at the Biennial Convention.

*Official Pin:* Our lay members will be pleased to learn of the decision that the official pin is to be made available to every individual N.O.P.H.N. member whether nurse or lay. Heretofore, laymen acquired the pin upon recommendation of the local nurse group. Now the pin is a privilege of membership and is available to all members. It is hoped that, especially during the membership drive, the pin will be worn by all members—new or old, nurse or lay. If you have no pin, why not order one now?

*Revision of Nursing Manual:* Another step in progress is the revision of the N.O.P.H.N. Nursing Manual going forward under a special committee composed of: Irma E. Reeve, Chairman, Ella Best, Leah M. Blaisdell, Mrs. Josephine Prescott and Harmina Stokes. Ella Pensinger has been engaged to carry through this undertaking with the help of the staff and this special committee. It is hoped that this revised Manual will be available also at the Biennial Convention.

*State Health Department Scrap Book:* It was reported to the Executive Committee that, as planned in Chicago last May, state health department nurses are preparing scrap books of material used in the nursing services of each state. These are made in duplicate, one to be kept in the N.O.P.H.N.

office for reference purposes, the other to be loaned to other states. As the making of the books is a slow job, especially during the busy fall months, we are particularly pleased that the first books have begun to arrive. These come from: Indiana, Iowa, Montana, Oregon, Tennessee, and Vermont, and may be borrowed for a period of two weeks.

*Biennial Program:* Considerable time was devoted to the Biennial program, as by vote of the Board, the Executive Committee is acting as the Biennial Program Committee. "Challenges in Public Health Nursing" is

the subject around which the program is to be built. It may be recalled that the program for the Milwaukee meeting dealt with the "Administration of Public Health Nursing." The 1932 proposed program will make possible critical analyses of the content of public health nursing services. It will also review the scientific aspects of public health nursing as they relate to special problems in the field. It is anticipated that such a program will be thought-provoking and forward-looking. Suggestions from our members for special topics and speakers will be warmly welcomed.

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### MRS. BLODGETT'S DEATH

At the opening of the Executive Committee Meeting, Miss Nelson announced the death on October 12th of Mrs. John W. Blodgett of Grand Rapids, Michigan, a member of the N.O.P.H.N. Finance Committee. Mrs. Blodgett had come to New York City to attend the meeting of the Finance Committee and died very suddenly at her hotel. The Executive Committee adopted a resolution expressing the sympathy of the N.O.P.H.N. with the family of Mrs. Blodgett, and appreciation of all that she contributed through her personality, understanding and generosity to the improvement of social and health conditions.

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### BIENNIAL CONVENTION

The headquarters of the N.O.P.H.N. will be at the Plaza Hotel. The Plaza can care for approximately one thousand delegates. Every room at the Plaza is an outside room with private tub and shower bath. Rates:

Single—\$2.50, \$3, \$3.50 up to \$5 per day.

Double—\$4, \$4.50, \$5 up. Double with twin beds—\$5, \$6 and \$7 per day.

For three in one room—\$5 and up; for four in one room—\$6 and up.

The Plaza operates an A.A.A. Garage and a parking lot.

The A.N.A. headquarters will be at the Gunter Hotel, the N.L.N.E. at the St. Anthony. Other hotels include the Blue Bonnet, the Robert E. Lee, the Crockett, the Jefferson, the Lanier, the Travelers.

The Catholic Sisters will be taken care of during the Convention by the Santa Rosa Hospital, The Lady of the Lake Academy, and the Incarnate Word College.

Miss Lydia M. Keener, R.N., Superintendent of the Station Hospital, Fort Sam Houston, Texas (San Antonio), will arrange to care for as many Army Nurses as come, if possible. She would like the nurses to write directly to her.

In addition to the hotels, San Antonio has tourist camps which offer attractive rates. A few are listed here, the entire list may be had on request.

Grande Courts—755 E. Mulberry Avenue.

74 cottages with 3 and 4 room apartments; rates from \$2.50 to \$4 per day; \$15 to \$20 per week.

29 cabins consisting of one room and a kitchen; rates—\$1 per day.

Hot Wells Motor Lodge—5601 South Presa.

62 stucco cottages, fully equipped; rates range from \$1.25 to \$5 per day; \$10 to \$12.50 to \$15 to \$20 per week.

San Pedro Tourist Lodge—714 West Myrtle.

106 cottages consisting of one and two rooms, and two rooms with bath. Each cottage has a kitchenette. Rates—\$1.25 to \$3 per day; \$7 to \$15 per week.

Shady Courts—5408 South Presa.

10 one, two, and three room cottages with kitchenette. Rates from \$1.75 to \$2.50 per day, and \$9 to \$12.50 per week.

Camp Alamo—111 Jones.

36 one room cottages. Rates—\$1.25 per day; \$7.00 per week.

*Note:* Each of the camps furnishes lights, gas, and water at the regular rates.

The roads to San Antonio are paved with more than good intentions. This will be welcome news to car owners who may wish to drive to the Biennial Convention. Fine United States Interstate Highways lead in from all directions. (For road maps write the Highway Department, Municipal Information Bureau, Aztec Building, San Antonio.) Parking space for five or six hundred cars surrounds the Auditorium.

*Vacation Tours:* Some of the motor routes suggest alluring possibilities to make vacations coincide with the convention. For instance—the approach from the northwest by the "High Road" which follows the old Spanish Trail and leads up into the Fort Davis Mountains—an altitude of from 5,000 to 10,000 feet, or go to Corpus Christi, 125 miles southeast of San Antonio on a bay formed by an arm of the Gulf. From here one may take an ocean drive said to be the longest in the world, extending along the mainland and by causeway to Padre Island. Close to Corpus Christi are the beaches: Rockport, Aransas Pass and Port Aransas.

Mexico beckons to those with more time. Monterey, its nearest important city, is 320 miles from San Antonio over the new Mexican highway and the border crossing is at Laredo. Mexico City is 955 miles distant.

From the west to San Antonio the U. S. Highway runs through El Paso on the border of New Mexico and thence either through Kerrville or via Del Rio.

Drivers from the east may head for New Orleans, some 500 miles from San Antonio, and thence to Beaumont, Texas, the oil field center, and Houston. Western delegates whose vacations follow on the convention will find the old Creole city well worth a visit. It offers romance and unlimited opportunities to visitors. (The New Orleans Association of Commerce will mail booklets on request.)

*Rail Transportation:* Mrs. Alma H. Scott, Chairman, National Transportation Committee, announces that the official routes from the east, as selected by the Executive Committee of the Biennial, are the Baltimore and Ohio and the Missouri Pacific railroads. A special train, the time schedule to be announced later, will leave New York for San Antonio over these roads. The railroad routes selected from other sections of the country will be published later.

## JOINT VOCATIONAL SERVICE APPOINTMENTS

The following placements were among those made by J.V.S. recently:

Winifred Erskine, district supervising nurse; and Mrs. Viola Drake, Lucy Lewandoska, Ann Stuart, and Dorris Whittemore, orthopedic nurses, New York State Dept. of Health, Albany, N. Y.

Elizabeth Gurney, school nurse, Public Schools, Westerly, R. I.

Alfhild Axelsson, part-time research student assistant, Nursery School, Teachers College, Columbia University, New York City.

Ruth McClement, staff nurse, Visiting Nurse Association, Orange, N. J.

Mrs. Zoe McCaleb, county nurse, W. K. Kellogg Child Welfare Foundation, Battle Creek, Mich.

Rose Abramson, staff nurse, and Muriel Hall, public health nurse for Poundridge, Northern Westchester County District Nursing Association, Mt. Kisco, N. Y.

Lucy Massey, professor of public health nursing course, School of Social Work and Public Health Nursing, College of William and Mary, Richmond, Va.

Jean Kravet, settlement health nurse, Stuyvesant Neighborhood House, New York City.

Anna Fellows, part-time school nurse, Scarborough School District, Ossining, N. Y.

Mary L. Wilson, supervisor, District Nursing Association, Fall River, Mass.

Ruth Hay, assistant professor of public health nursing, Vanderbilt University, Nashville, Tenn.

Opal Forrester, school nurse, Public Schools, Kemmerer, Wyo.

Hilga Nelson, director, District Nursing Association, Newton, Mass.

Nena Mullings, health educator for colored, Buffalo Tuberculosis Association, Buffalo, N. Y.

Mrs. Margaret Wright Ritchie, temporary staff field nurse, Association for Improving the Condition of the Poor, New York City.

Evelyn B. Coleman, supervising nurse for Lauderdale County Health Unit, State Board of Health, Jackson, Miss.

Mrs. Ethel Shaw, staff nurse, District Nursing Association, Lawrence, L. I., N. Y.

Mrs. Mary Brewer Adams, temporary staff nurse, Eastchester Neighborhood Association, Tuckahoe, N. Y.

Ethel Booth, school nurse, Board of Education, Wanamassa, N. J.

Margaret R. Leavitt, psychiatric consultant, Visiting Nurse Association, Milwaukee, Wis.

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## BOARD AND COMMITTEE MEMBERS' FORUM

*Edited by KATHARINE BIGGS MCKINNEY*

President, Albany Guild for Public Health Nursing, Albany, N. Y.

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### RESIGNATION OF MRS. G. BROWN MILLER

The readers of PUBLIC HEALTH NURSING will learn with regret that Mrs. Miller has been forced on account of ill health to resign the editorship of the Board Members' Forum of this magazine.

Mrs. Miller, as Vice-President of the Washington Instructive Visiting Nurse Society, for years has appreciated keenly the responsibility of board members for intelligent participation in policy-formation. To further this end, she initiated the plan for the preparation of the N.O.P.H.N. *Board Members' Manual* which was completed under her able leadership. She conceived the idea of the Board Members' Forum as a unique opportunity for board members to discuss their special problems and has been its advisory editor since its establishment.

All friends of public health nursing, and of Mrs. Miller, appreciate with gratitude her notable service to the cause and trust that complete restoration to health may bring her back into the ranks soon again.

Mrs. Roessle McKinney, president of the Albany Guild for Public Health Nursing of Albany, New York, has consented to fill Mrs. Miller's place, at the request of the Executive Committee of the Board Members' Section.

ANNE R. WINSLOW

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### VOLUNTEER SERVICE

The Association of Junior Leagues of America has recently appointed a Welfare Committee to work closely with Miss Katharine Rogers, Field Secretary, in stimulating local Junior Leagues in the training and placing of volunteer workers. This Committee has had several meetings and presented at the last annual meeting of the Junior Leagues the following general recommendations relating to volunteer service:

#### VOLUNTEER SERVICE

It should be borne in mind that one of the ultimate objectives of volunteer service should be to qualify for intelligent board membership in welfare agencies.

1. To insure to its members the educational benefits of their volunteer work each League is encouraged to develop its existing program to include some form of placement service, without which it is difficult to utilize effectively the interests and aptitudes of the individual volunteer.

2. To provide opportunities for League members who do not find a congenial opening in the work of a main League project

(when such exists) it is suggested that opportunities for work in other accredited community agencies be investigated and that volunteer work in any accredited agencies be recognized as League service.

3. In carrying out this placement service Leagues are urged to have as their dual aim (1) raising standards of work done by volunteers and (2) improving the quality of work offered to volunteers. In order to raise standards of work done by volunteers it is important for each League to concern itself with the advanced training of its members. To assist in improving the type of opportunities available to volunteers it is suggested that only agencies which investigation has shown provide intelligent and sympathetic supervision be supplied with workers.

4. The emphasis of all volunteer service shall be on quality and usefulness of work done rather than on any required number of hours, and any League desiring to administer its volunteer service without the point and hour system is encouraged to do so. In order to justify herself as a member, a Junior League girl should participate in some form of community service.

The Committee also recommended that the Provisional Members Course

should consist of a well-planned series of lectures, informational in character, and if possible, presented under the guidance of a professional worker in their local community. The need for further education of the volunteer in specialized fields to which she plans to give her services was stressed and national organizations are cooperating with this Committee in working out such training courses.

Miss Eveiyn Davis, Secretary of the N.O.P.H.N. Board and Committee Members' Section, is a member of this

Welfare Committee, and in the December number of the Junior League magazine a suggested training course is outlined for the Junior League volunteer in the public health nursing field. Local boards and committees should make use of the Junior League volunteer for, if the Association of Junior Leagues in America is stressing training and adequate placement in local fields, it is a challenge to all public health nursing organizations to see how they can use this group more effectively.

### BOARD EDUCATION PROGRAM

The response to our Board Education Program has gone beyond our fondest dreams. Already 85 organizations have signed up, representing 21 states. Many state supervising nurses are receiving several programs each month to send out to local committees. We cannot tell you how many individuals plan to use this material, but the monthly mailing list to date is around 160!

The November topic has been mailed only to those organizations who have notified us that they wish to receive the material. If you want to obtain these copies and have not let us know, do get

in touch with us immediately. It is still possible to take part in this study program.

Boards are using the material in various ways. Some are studying it in committee and presenting only the main points to the Board. Some are assigning it to one member who reads the references and presents a summary to the Board. Or the topic sheet is circulated among the Board members, each reading the material and answering the questions.

Do keep us in touch with questions that arise. We want to have some sprightly discussions in the Forum.

### STATE LAY SECTIONS

The development of State Lay Sections is going forward very satisfactorily. Progress is slow, but those states which have lay groups feel that it is of great value to the local board members to have this opportunity to come together at least once a year in some form of state organization. The Executive Committee of the Board and Committee Members' Section at a recent meeting decided that the purposes of a State Lay Section should be:

To interest local board members in keeping in touch with developments in public health nursing.

To further state legislation for the promotion of public health.

To cooperate closely with the health sections of other state groups such as Federated Women's Clubs, Parent-Teacher Associations, etc.

Reports of some of the State Lay Sections:

*Minnesota* has a lay section of the S.O.P.H.N. with Mrs. James W. Morrison as chairman. This is an active lay group which holds yearly meetings with the public health nurses and has its own department in the monthly bulletin of the State organization.

*Texas*—During the spring of 1931, a special committee was formed to study the plan of organizing a formal lay section of the S.O.P.H.N. The matter will be presented for decision at the next annual meeting held at the time of the Biennial Convention, April, 1932, in San Antonio, Texas.

*Iowa*—The group of lay people who have been meeting informally for the last three years under the leadership of Mrs. G. Decker French, organized at the annual meeting of the State Nurses' Association in October and elected Mrs. Ralph Brubacker as president of the Iowa Board Members Organization.

*Connecticut*—The Board Members Organization is very active in this state. Mrs. Alfred Hammer is president. It holds four meetings a year at the same time as the section of public health nursing of the State Nurses' Association.

*Pennsylvania*—The lay group in this State has been meeting with the public health nurses for several years. At the October State meeting plans for a definite lay section were formulated with Mrs. Ralph A. Amerman as chairman.

*New Jersey*—Two groups of board members have been meeting together for many years, one group in northern New Jersey, one in Monmouth County. These groups have voted to join the S.O.P.H.N. and with other board members in the State, to form a

lay section. A committee is working on the details of the plan to be presented at a State meeting in December.

*Rhode Island* has a very active lay section of the S.O.P.H.N., the president is Mrs. W. W. Weeden. Rhode Island is trying out the plan of joint membership—that is, membership in the N.O.P.H.N. as prerequisite to S.O.P.H.N. membership.

*Massachusetts*—As was reported in February, the board members in Massachusetts are now members of a new organization known as the Massachusetts Organization for Public Health Nursing. Both nurses and lay people belong to this organization. This is not, as yet, a S.O.P.H.N. Miss Gertrude W. Peabody is president.

### IS THERE A STAR BESIDE YOUR STATE?

*How Do You Stand in the Special Membership Enrollment?*

State	Number of Members	Number of Nurses †	State	Number of Members	Number of Nurses †
*Alabama . . . . .	18	120	Nebraska . . . . .	17	140
Arizona . . . . .	18	45	Nevada . . . . .	1	10
*Arkansas . . . . .	30	40	New Hampshire . . . . .	17	160
*California . . . . .	184	640	*New Jersey . . . . .	235	820
*Colorado . . . . .	38	125	*New Mexico . . . . .	19	25
*Connecticut . . . . .	202	500	*New York . . . . .	801	2520
*Delaware . . . . .	16	65	*North Carolina . . . . .	28	165
District of Columbia . . . . .	48	75	*North Dakota . . . . .	13	35
*Florida . . . . .	30	60	*Ohio . . . . .	193	1000
Georgia . . . . .	51	135	*Oklahoma . . . . .	35	75
Idaho . . . . .	5	15	Oregon . . . . .	37	65
*Illinois . . . . .	245	1050	*Pennsylvania . . . . .	354	1300
*Indiana . . . . .	98	325	*Rhode Island . . . . .	132	180
*Iowa . . . . .	64	250	South Carolina . . . . .	19	65
*Kansas . . . . .	63	160	South Dakota . . . . .	10	50
*Kentucky . . . . .	96	150	*Tennessee . . . . .	74	185
Louisiana . . . . .	16	110	*Texas . . . . .	87	185
Maine . . . . .	48	120	Utah . . . . .	11	55
*Maryland . . . . .	38	300	*Vermont . . . . .	21	55
*Massachusetts . . . . .	342	1130	*Virginia . . . . .	74	250
*Michigan . . . . .	257	700	Washington . . . . .	40	150
*Minnesota . . . . .	126	425	West Virginia . . . . .	47	90
*Mississippi . . . . .	10	50	*Wisconsin . . . . .	86	340
*Missouri . . . . .	186	325	*Wyoming . . . . .	4	25
Montana . . . . .	18	35			

\* States which showed an advance in membership during October.

† Estimated total from the 1931 census.

*Doubled Membership Means Redoubled Strength*

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## POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

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### SAVANNAH SCHOOL EDITS A HEALTH PAPER

The Anderson School of Savannah, Georgia, has put into effect successfully, an ambitious plan for making the entire student body "health minded." The plan was carried out by the pupils themselves, making it a "project" along most highly approved lines of modern education. Miss Helen E. Bond, director of the Savannah Health Center, carrying a generalized service including school nursing, writes: "The most important points in the whole project, as I see it, are, the large amount of pupil participation, the initiative and interest shown by the pupils, and the interest stimulated in the school and home."

Miss Mary Ryan, school nurse at Anderson School, sends the following description of the project:

The *Health Officer* is the health paper which is published once each month by the pupils of Anderson Street School (elementary).

At the beginning of the term, the school nurse suggested that the pupils use the mimeograph machine for printing health news, since they were allowed to use it for other purposes. The idea of having their own health paper aroused the interest of the children at once.

A contest was held to secure a name for the paper and the *Health Officer* won the prize. Each class then elected a reporter whose duty it was to gather health news and to collect health stories and poems written by members of his class. The best material was selected by the nurse and one of the teachers. The stencil for the mimeograph was cut by a teacher and the paper donated by the superintendent. Everything else was done by the pupils who even attended to the job of printing and distributing. Copies were given every child in the third, fourth, fifth, and sixth grades. The first and second grade teachers were given copies to read to their classes. The younger children were very proud when the work of an older brother or sister appeared in print. They were interested, also, in the names of the blue ribbon children, which were published as they had their physical defects corrected.

Since *The Health Officer* was taken home, the interest of parents was stimulated also.

Each month the paper contained a short letter from the school nurse. This seemed to make the children feel that they knew their nurse better and was, therefore, a good contact.

The school became more "health minded" after the appearance of the paper. It seemed to draw the classes together in their health activities. The enthusiasm of the children never lagged, but increased to such an extent that, in June, the printing committee gave up a holiday and insisted on working all day so that everyone could be given a "Vacation Number" on the next day, which was the last day of school.

The whole school health program was stimulated by this monthly health paper and this, itself, seemed to us to be a very worthwhile health project.

The following are extracts from copies of *The Health Officer* received by the N.O.P.H.N.:

Dear Children,

Many of you visited the Byrd ship when it was here last month. I wonder if the men aboard told you about the precautions Admiral Byrd took for their health during the trip to the South Pole. Did you know that the 76 men who went with Byrd were all given health examinations before they started? Every man was in perfect physical

condition when they left. Byrd used every means to keep them in this condition during the long trip, and every man returned in good health.

Years ago, an Arctic explorer set out on an expedition with 70 men. They became sick, and two men died. Their leader had to give up the trip and return home with scarcely enough well men to sail the ship.

This man was Bering for whom Bering Sea was named. His men suffered from a disease called scurvy. It was caused by the fact that their diet contained canned and preserved food that was lacking in something called vitamins.

Today we know that these vitamins are necessary to keep people well. Byrd was careful to take a large quantity of calves' liver, vegetables and fruit juices. This prevented his men from having scurvy. Did you know that proper food was so important?

Why don't you set out on a trip to Health Land, or try to find the Good-Health Pole? If you will use your Health knowledge, you can make the trip easily. Let me know if you decide to make this trip, and I shall be glad to talk with you about the way to go.

*Mary Ryan, School Nurse*

#### SMALLPOX

I want to tell every boy and girl who has not had smallpox to be vaccinated so you will not have it. When I had smallpox, I lived in Claxton, Georgia, and was 9 years old. The way it begins is that sores break out on the bottom of your feet and the palms of your hands. It is better to be vaccinated than to have smallpox.

*Margaret Easterling (6B)*

#### OUR SIGHT

Throwing is very dangerous. You might sometimes put somebody's eye out.

Quaenten Lee, a boy in our class, had his eye put out by some one throwing rocks. He will have to have a glass eye.

A boy saw some birds building a nest. He went to get some cotton for them, and the scissors slipped and went in his eye.

*News Note*

In the homes of healthy children, Jumbo, the garbage can, never gets fat. Some children let Jumbo get too fat. The unhealthy children never eat their vegetables or cereals.

*Ann Swanston (3A)*

#### TRAGIC DEATH OF TWO FAMILIES ON VACATION AT TYBEE BEACH

Once upon a time there lived in Diseaseville a mosquito, his wife and twelve children. They lived in an untidy, dirty little house. Next door there lived Mr. and Mrs. Diphtheria and their five children. Mrs. Mosquito liked to travel, so one day she said to Mrs. Diphtheria, "My dear Sarah, I am going to take a cottage at Tybee this summer. Will you and your family come along with us?" "We will be delighted," said Mrs. Diphtheria. "Shall we ask Mrs. Small Pox to go?" "No, most people at the beach have been vaccinated, so Mrs. Small Pox would not enjoy herself."

Soon they started on the journey. When they reached the beach the air was fresh and cool, and the sun was shining brightly. They were very unhappy. They decided to stay in the house a great deal of the time.

One day the mosquito family went out, and when they came back, alas, the whole house was screened. After a while, Dirtiness Mosquito said, "Hey, Ma, I can get through here," but when he got in, some terrible wet-smelling stuff came into his eyes. He tried to get out but he could not. In less than a minute he was dead. Outside every one was watching him. Suddenly they smelled the same terrible stuff, and so they were all killed.

Everyone at the beach had taken T.A.T., so the Diphtheria family died of hunger and despair.

*Caroline Kaufmann (6A)*

While we are on the topic of mimeographing, it may not be inappropriate to mention that one of the most attractive mimeographed bulletins which reaches the N.O.P.H.N. offices is the Board of Health Bulletin of Middletown, N. Y. This two-page bulletin, simple as it is, is not only a masterly mimeograph job, mechanically speaking, but has evolved an interesting and amusing style all its own.

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## REVIEWS AND BOOK NOTES

*Edited by RUTH GILBERT*

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### THIS IS THE SEASON FOR BOOKS

This is a season when many of us are seized with an added desire to know which are the "really good books." Long and stormbound winter evenings lead us to turn to interesting books rather than to hours out of doors. Also, Christmas plans are afoot with most of us—plans in which books may play an important part. "Books Notes" could not take it upon itself to be a guide to books in all fields; it would become swamped in trying to tell readers of "A White Bird Flying"; "The Autobiography of Lincoln Steffens"; "The Mirrors of 1932"; "Shadows on the Rock." But it may try to point out especially fascinating books which have appeared in its own field during 1931, of general as well as professional interest, and as appropriate for gifts as for home consumption.

#### REVIEWED IN BOOK NOTES DURING 1931

**The Big Barn.** Walter D. Edmonds. Little, Brown & Co., Boston. \$2.00. (By the same author, *Rome Haul*, a story of the Erie Canal.)

**Child Care and Training.** Marion L. Faegre and John E. Anderson. University of Minnesota Press, Minneapolis. \$2.00.

**Discovering Ourselves.** Edward A. Strecker and Kenneth Appel. The Macmillan Company, New York. *Illustrated*. \$3.00.

**Health on the Farm and in the Village.** C.-E. A. Winslow. Macmillan. \$1.00.

**Home Guidance for Young Children—A Parents' Handbook.** Grace Langdon. John Day Co., New York. \$3.50.

**Mrs. Dose, the Doctor's Wife.** Joyce Dennys. John Lane, The Bodley Head, London. Now available from D. Appleton & Co., New York. *Illus.* \$1.50.

**Pioneers of Public Health.** M. E. M. Walker. Macmillan. *Illus.* \$4.50.

**The Recovery of Myself.** Marian King. Yale University Press, New Haven, Conn. \$2.00.

**School Nursing—A Contribution to Health Education.** Mary Ella Chayer. G. P. Putnam's Sons, New York. *Illus.* \$2.50.

**A Short History of Nursing.** Lavinia N. Dock and Isabel Maitland Stewart. Putnam. *Illus.* \$3.00.

**We Take to Bed.** Marshall McClintock. Jonathan Cape and Harrison Smith, New York. \$2.50.

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#### NOGUCHI

By Gustav Eckstein, M.D. Harper & Bros., New York. *Illus.* \$5.00.

"Noguchi" is an exceedingly good book of the hour, destined perhaps to live for many years. We wish for it a ripe old age, for it deserves to live a long and useful life. It is literature, beautifully written and full of information useful to the public health nurse—the story of a poor Japanese boy who rose to the heights of scientific achievement against tremendous odds. Jules Verne once related the adventures of voyagers to the moon. Thrilling as that imaginary voyage was, it is no more wonderful than the

exploits of Hideyo Noguchi, who fought, tracked down foes, and slew them on the battleground of a single drop of blood.

There are certain outstanding events in the life of this youth which influenced for all time his character and personality. Perhaps the foremost of these was the burning of his left hand while still a very young child. Noguchi was sensitive about this handicap and used every means to hide the ugly stump from the eyes of the world. Eventually he met a Japanese surgeon who operated on the hand and made it useful. In payment for this surgery, he worked for the doctor as his drug

boy. One day he got his hands on a copy of the life of Napoleon. This book impressed him very much. He decided to pattern his life after this hero, not that he wished to wage wars or kill, but he wanted to be like Napoleon in will and energy. He changed his name from Seisaku to Hideyo, which translated means, "great man of the world." Subsequently, he used every ounce of his energy to live up to that name.

After working his way through medical school, Noguchi came to America. His first outstanding contribution in the field of scientific achievement was a serum for poisonous snake bite. In 1910 he pure-cultured for the first time Schaudin's spirochete for syphilis. Later he discovered the same spirochete to be the cause of general paresis. In 1926, he cultivated from the eyes of trachoma sufferers in the Arizona Indian Reservation, the trachoma organism and reproduced the disease experimentally in monkeys. Probably his outstanding work was his discoveries in yellow fever. He followed yellow fever wherever it was reported, from 1918 until 1928, in Ecuador, Brazil, Peru, Mexico, and at last in Africa.

One of the most delightful things about this biography is the fact that the author describes in combination the characteristics of a very human person with the qualities of a great scientist.

Here is a biography which will give the reader all of the romance of a modern novel. It is full of adventure and struggle, and touches the depths and heights of human life in the short span of fifty-two years.

IDA SPAETH

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**THE GREAT PHYSICIAN—THE LIFE OF  
SIR WILLIAM OSLER**

By Edith Gettings Reid. Oxford University Press,  
New York. \$3.50.

"An appreciation rather than a critical biography," this volume describes the life of a man who is said to have ranked first in his ability to combine the science and the art of medicine. His contact with the medical profession in Canada, Great

Britain, and the United States made his ability to study, practice and teach, unusually effective. Doctor Cushing's recent life of Osler in two volumes loses none of its interest through the publication of this less detailed account, which is, perhaps, more readily available to us.

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**THE STORY OF SAN MICHELE**

By Axel Munthe. E. P. Dutton & Co., Inc., New  
York. \$3.75.

Doctor Munthe has written a new preface for this recent edition of his book in which he states that he has written neither an autobiography nor the memoirs of a physician. The precision of the former is lacking as is the consideration of the sensitivities of former patients, if memoirs were the purpose of the book.

By the author's own description, "San Michele" is poured into no known literary form. But the reader follows a brilliant, adventurous, sensitive, and hag-ridden physician through a more or less chronologically arranged series of incidents and life phases. A nurse or physician will be deeply interested, and alternately amused and horrified at the professional situations in which Doctor Munthe finds himself placed.

San Michele, with the warmth of its sea and the beauty of its ancient architecture and customs, is said to be the most lovely place in the world. It has been the author's refuge and inspiration. To the reader, the descriptions are gratefully warm with the sunshine which was a menace to Doctor Munthe, whose failing eyesight has curtailed many of his activities.

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**SURGEON OF THE SEAS**

By Charles S. Foltz. Bobbs-Merrill Company,  
Indianapolis. \$3.75.

The career of a naval surgeon, at its height during the era of wooden men-of-war, is told here by the son of Surgeon General Jonathan M. Foltz. Doctor Foltz began his work on the high seas when as a boy of less than twenty-one he cruised in the frigate *Potomac* to the coast of Sumatra to

punish Malay pirates. He is better known as Fleet Surgeon to Admiral Farragut during the Civil War. The narrative is based on notes made by Doctor Foltz at the time these events were taking place.

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#### JUNGLES PREFERRED

By Janet Miller. Houghton Mifflin Co., Boston.  
\$3.50.

One can hardly believe that an account of a medical missionary who performs an eye operation with a pair of scissors on a king of the Belgian Congo can be fact. But one reads this story of the three years' work of a woman doctor called to that region, not only with keen interest, but with the respect that truth demands. This physician was stationed with the Batelela tribe to combat sleeping sickness, which had been devastating that area.

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#### INTIMATE LETTERS FROM FRANCE. AND EXTRACTS FROM THE DIARY OF ELIZABETH ASHE, 1917-1919

Bruce Brough Press, San Francisco. \$1.50.

In the early summer of 1917 a group of specialists in infant welfare was sent to France by the Children's Bureau of the American Red Cross. Dr. William Palmer Lucas directed the unit which numbered among its members Miss Elizabeth Ashe of California as director of nursing service. From France Miss Ashe wrote almost daily letters to her friends in the United States—many of them written under the hardship of difficult travel—which are embodied in this book.

The result is a series of thumb-nail sketches written from the viewpoint of the moment as Miss Ashe sought to mobilize nurses throughout France to care for the thousands of refugee children who needed help as much as did the wounded. Hospitals, refuges, and even community nursing services, were organized rapidly to meet the impelling need. The capable work of the nurses is evident in the pages as is the pitiful state of the hordes of uprooted children cared for. Even in this emergency the work of educating parents to public health meas-

ures was not passed by, and was well received. One of the interesting bits of creative work was the dressing of French and Belgian youngsters in overalls and shoes so that they might play unhampered by apron and sabots.

The letters are unedited because, as the introduction states, this would have marred their strength. However, the result is considerable repetition, since the same events were described in letters to various persons. Also, events and organization jobs which might well be developed in detail have had to be passed over with a word. One wishes that this invaluable experience in organization might have been developed in a carefully prepared book with these letters as a basis.

R. G.

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Publication, in braille, of a monthly literary magazine for the blind—the first of its kind—devoted to reviews of new books, biographies of contemporary writers, and essays on literature, is being sponsored by the American Braille Press and the Henry F. Homes Fund of the New York Public Library. The first regular issue will appear in January, 1932. The new periodical, called the *Braille Book Review*, is edited by Lucille A. Goldthwaite, Librarian of the Department for the Blind in the New York Public Library. It is distributed free of charge, except for a small registration fee, to blind readers throughout the world.

Congress recently passed a \$100,000 appropriation for the publishing of books in braille. Between 120 and 130 works, unavailable to the blind heretofore because of the large investment required for braille printing and because of lack of profit to publishers, will be printed from the appropriation. All of the books published through this subsidy will be reviewed in the *Braille Book Review*.

The introductory issue contains biographical sketches of three authors whose books, in braille, are popular with blind readers—Sinclair Lewis, Mary Roberts Rinehart, and Robert A. Millikan.

## FILMS WHICH TEACH HEALTH

A new two-reel film on the diet of children has been sponsored by the Federal Bureau of Home Economics. It is entitled "Food Makes a Difference." Malnourished children and sturdy children are shown in contrast and laboratory results of poor diets are demonstrated on rats. The film closes with a series of scenes showing healthy children at play. Address Office of Motion Pictures, U. S. Department of Agriculture, Washington, D. C. There is no charge for rental other than transportation. The film may be purchased for \$40.

The American Social Hygiene Association, 450 Seventh Avenue, New York City, has revised its film prices for both standard width and films of 16 mm., as follows:

	Safety Stock	
	35 mm.	16 mm.
The Gift of Life (4 reels)	\$170.00	\$120.00
Deferred Payment (4 reels)	200.00	150.00
The Modern Diagnosis and Treatment of Syphilis (3 reels).....	115.00	85.00
Venereal Disease (3 reels)	115.00	85.00
Gonorrhea in the Male (3 reels).....	115.00	85.00
Social Hygiene for Women (3 reels).....	95.00	68.00
The Public Health Twins at Work (1 reel).....	56.00	40.00
Men's Lecture Film (1 reel).....	38.00	27.00

Rental basis \$1.00 per day per reel while in the hands of the consignee, plus transportation charges. Special rates for periods over one week.

E. R. Squibb & Sons of New York City have two educational motion pictures dealing with health. One entitled "Sunshine from the Seas," pictures the part that Vitamins A and D play in the maintenance of health. It shows how Cod Liver Oil, the greatest known source of these two vitamins, is made; growth curve charts in reference to Vitamin A; the effect of the lack of Vitamin D, and how rickets may be prevented by a sufficient amount of this vitamin.

The other motion picture film is entitled "How Science Aids in the Control of Infectious Disease." It stresses the possibility of immunization against communicable diseases and shows the making of certain such preventive medicines as toxin-antitoxin.

*Improving Public Health with Moving Pictures* by Dr. J. F. Montague, appeared in the August, 1931, number of the *Medical Times* and *Long Island Journal*.

A list of health films prepared by the Welfare division of the Metropolitan Life Insurance Company is given. Means of making these available to the public are discussed, such as showing them under the sponsorship of the local board of health, or as was done in Ohio, under the state department of health by a motor truck carrying a projector in carefully mapped out territory. Examples are cited of the use of health films in other countries.

*How Balto Saved Nome*, a story written by Mary Jean McRae, age 14, and published by the Children's Fund of Michigan, Detroit, gives the story of Gunnar Kassin's race to Nome carrying diphtheria antitoxin, as told by one of the team of Eskimo dogs. The material is suitable to the early school grades.

*The History of the International Council of Nurses* published in the July and October numbers of the International Council of Nurses and the March, 1930, number of the International Nursing Review, is being issued in pamphlet form with illustrations. It was ready for sale from International Headquarters of the Council, 14 Quai des Eaux-Vives, Geneva, on November 1st, the price, including postage, being 4 Swiss francs, per copy—\$.80 in American exchange. The History was written by Mrs. Bedford Fenwick, the founder of the Council, and Miss Margaret Breay, for twenty-two years its treasurer.

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## NEWS NOTES

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The services of a nurse qualified both in public health and institutional nursing have been placed at the disposal of the Health Section of the League of Nations for a period of two years, through the medium of the International Council of Nurses. This arrangement has been made possible by a grant from an anonymous nurse donor, with arrangements made through Miss Clara D. Noyes, First Vice-President, and the Board of Directors of the International Council of Nurses, which met in Geneva last summer. Miss Hazel A. Goff has been appointed to this position. She is a trained dietitian, and a graduate of the Massachusetts General Hospital School of Nursing, Boston. She was selected by the American Red Cross to direct its school of nursing in Sofia, Bulgaria. So well did she do her work there, that she was able after a period of three years to leave the School under the direction of the graduates. Following this she was for three years Field Director on the nursing staff of the Rockefeller Foundation, European Office. Since September, 1930, Miss Goff has been at Teachers College, New York, where she has obtained her B.S. degree in Public Health Nursing Administration.

A tea in honor of those returning to Portland (Oregon) from work in eastern states, European trips and vacation trips, was given by Miss Marion G. Crowe, Mrs. Saidie Orr Dunbar and Mrs. Glendora M. Blakely recently at the home of Miss Crowe.

The honor guests were Miss Mary A. Brownell, who left Oregon in 1924 to accept a position as assistant director of the National Organization for Public Health Nursing and who has more recently been director of nursing service at Judson Health Center, New York City; Miss Bertha G. Wilson, who has been assistant superintendent of Cook County Training School in Chicago and who has recently returned to Oregon as Superintendent of Nurses at the Good Samaritan Hospital; Mrs. George Ehringer (Aline Noreen), formerly with the Child Welfare Commission; Miss Elnora Thomson, Miss Henrietta Morris and Miss Louise Cottrell, who have just returned from a European trip; Miss Pauline Knudson and Miss Luella Markley, who have returned from their homes in the Middle West, and Miss Sylvia Bastian and her sister, Mrs. J. Northway, recently from California.

Dr. W. D. Tillson, chief of Bureau of Tuberculosis, Ohio State Department of

Health, has resigned to become assistant health commissioner of Baltimore County, Maryland.

England's Ministry of Health has asked local authorities to scrutinize their expenditures, warning against "wholesale and ill-considered cutting". In considering relative values of various forms of child welfare work, Dr. Ethel Cassie, president of the Maternity and Child Welfare Group of the Society of Medical Officers of Health, placed "good home visiting" at the head of her list. This work, she said, is real education. The same reasoning was applied to the properly staffed infant welfare center.

The proposed national maternity plans probably must be postponed for better years. It is believed, however, that with careful planning, educational public health work in England will not be crippled.

The National Committee for Mental Hygiene has established a Division of Psychiatric Education as a step in developing an adequate psychiatric personnel to meet the needs of rapidly expanding psychiatric and mental hygiene activities throughout the country. Dr. Ralph A. Noble of Sydney, Australia, familiar with psychiatric developments here and abroad, will direct the work of the Division; Dr. Franklin G. Ebaugh, Director of the Colorado Psychopathic Hospital, Denver, has been granted a year's leave of absence to assist in the studies that will form the basis of this important enterprise.

Cleveland's Academy of Medicine has contributed \$10,000 toward the establishment of a health-education foundation, to which it is hoped the medical profession, philanthropic citizens, and organizations will make further contribution. Among its purposes will be health education of the public through lectures and all other available means; spreading knowledge about the community's facilities for care of the sick and prevention of disease; advising the public against exploitation; increasing observance of health laws, and urging needed new health legislation.

The Platte County Association of Women's Clubs, Wyoming, has succeeded in accomplishing its first year's aim, the securing of a county nurse who will go on duty January 1.

A letter from the London correspondent of the *Journal of the American Medical Association*

ciation includes a report from a London Hospital for the treatment of encephalitis lethargica. The report from this hospital states that this disease shows a marked decrease throughout the world during the past two years, with a steady diminution in the number of cases during the last half decade.

Sir Thomas Lipton, a generous contributor to public health nursing needs during his life, has continued his support of nursing through his will. Not only were sums left to various hospitals and infirmaries, but the estate at Osidge is to be preserved, endowed, as a hostel for nurses.

Plans have been worked out for a comprehensive dental-hygiene program in the Delaware public schools, to be instituted during the present school year. Two dental hygienists will be assigned to each of the three counties of the State to examine all the children in grades 1 to 6 and to give to each child showing dental defects a card stating his needs.

The program will include a series of classroom lectures by the hygienists. Clinics for prophylactic work among preschool children will be conducted during the summer months.

The American Nurses' Association regretfully announces the resignation from its staff of Virginia McCormick, publicity secretary for the past three and a half years. The nurses' loss, unhappily, is no one's gain as Miss McCormick is not moving on to another agency but goes under doctor's orders for a needed rest in a southern climate. With her go the thanks of the group she has served and their hopes for her speedy recovery.

Her successor is Eleonore von Eltz, until recently engaged in publicity and extension work for the City Housing Corporation in its town building project at Radburn, New Jersey.

On October 22d the New York State Nurses' Association celebrated its thirtieth birthday. Appropriately, some of the pioneers in nursing were present to speak on the past, present, and future of nursing. Mary S. Gardner introduced the three distinguished speakers: M. Adelaide Nutting, Annie W. Goodrich, and Lillian D. Wald. Unfortunately, Lavinia N. Dock and Ada M. Carr were unable to be present.

Rather than attempt to quote in part or summarize the papers of these speakers, which would ruin their effectiveness, we refer our readers to the complete addresses printed in the December *American Journal of Nursing*.

Contaminated milk caused 47 outbreaks of illness in the United States during 1930. In all cases but two, raw or unpasteurized milk was responsible for the trouble. A total of

1,953 cases of sickness and 54 deaths were involved in the 47 epidemics. Typhoid fever was the disease in 29 of the outbreaks, scarlet fever in 2, septic sore throat in 9, gastroenteritis in 3, enteritis in 1, food poisoning in 2 and dysentery in 1.

A campaign to investigate the quality of "loose milk" sold in New York, and conditions under which it is sold, has recently been inaugurated by Dr. Shirley W. Wynne, the Health Commissioner. Miss Lillian D. Wald of the Henry Street Visiting Nurse Service is a member of the Commission.

On October 1 the *Ohio Health News* noted that "schools have been open from two to three weeks, and diphtheria incidence has more than doubled, mostly in districts where immunization has been neglected."

The public health nurse is aware of her function in the field of parent education and is endeavoring to carry her responsibilities. Among seven professional groups named as a factor in parent education, public health nurses are giving invaluable service, said Dr. Lois Hayden Meek, director, Child Development Institute, Teachers College, New York City, at the recent conference of the Child Study Association of America. The seven groups mentioned were: Home economists; National Congress of Parents and Teachers; public health nurses; clinicians; social hygienists; social workers; nursery school teachers.

Tennessee now ranks eighth among the states of the nation in the percentage of rural population served by a full-time local health service, according to a report of the United States Public Health Service. Well over half the state's rural population is now served by full-time local health departments.

The new bureau of child guidance of the New York City Department of Education is expected to open this fall. Dr. Leon W. Goldrich has been made director, and the staff will include psychiatrists, psychologists, and social case workers. The bureau, which will serve as a behavior clinic for pupils of the city schools will have its headquarters at Public School 59, 228 East Fifty-seventh Street, New York City.

Public health lectures for women's clubs in Windham County, Connecticut, are being held under the Division of Public Health of the State Federation of Women's Clubs.

Mount Sinai Hospital, New York City, plans to begin this fall a flat fee of \$35 for diagnostic service for patients of moderate means referred to the hospital by private physicians. This fee will be charged regardless of the nature of the illness or the num-

ber of consultations or laboratory examinations that may be required. A maximum income of \$2,400 a year for an unmarried person and of \$4,000 for a total family income are the economic limits of eligibility. When the clinical investigation is completed the patient will be turned back to the referring physician with as complete a diagnosis as possible and detailed suggestions as to treatment. The hospital obligates itself not to derive any profit from the project.

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The *United States Daily* of June 18, 1931, reports that a bill has been signed in Massachusetts which provides privacy in Juvenile Court hearings. Another bill makes mandatory the mental and physical examination of delinquent children before they are committed to institutions. It will be recalled that adults committed to institutions for the insane, and criminals committed to penal institutions are thoroughly safeguarded from improper commitment or sentence; but in many states a child may be sent to a correctional institution without a thorough investigation as to the wisdom of such procedure.

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Public health nursing problems were considered by the health officers' section of the League of Municipalities at a recent meeting at Monterey, Cal. Both nurses and health officers took part in the talks and discussions.

Miss Ellen Crowley, R.N., of the Ternstedt Manufacturing Company, Detroit, has just completed her course at the Detroit College of Law and has been admitted to the Bar. A reception was held for her by the industrial nurses.

#### APPOINTMENTS

Janet A. Scott has resigned as secretary of the Newburgh (N. Y.) Public Health and Tuberculosis Association, to become health education secretary of the Buffalo Tuberculosis Association.

Mrs. Marion Simonson has joined the staff of New York State Charity Aid Association's State Committee on Tuberculosis and Public Health.

Fern Fuller Larsen of Minneapolis as staff nurse of the Minnesota Public Health Association.

Lenell Gibson as county public health nurse, Westchester County (N. Y.) Department of Health.

[See also page 607]

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As one of the county nurses was traveling through her district she was stopped by a small lad who asked her for a "stick 'em" paper. At first the nurse was quite bewildered, but further inquiry revealed the fact that the boy wanted a slip for the toxin-antitoxin clinic.

*Westchester's Health*

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